

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND		STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital		STREET ADDRESS (If rural give location) 807 Highland Avenue	
3. NAME OF DECEASED: (Type or Print) LILLIAN AMELIA ABRECHT		4. DATE (Month) (Day) (Year) OF DEATH: January 22, 1956	
5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow		8. DATE OF BIRTH: November 20, 1890 9. AGE last birthday 65 yrs.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework		10B. KIND OF BUSINESS OR INDUSTRY: Home	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jacob Early		14. MOTHER'S MAIDEN NAME: Rosa Funk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: 807 Highland Avenue, Mrs. Edward L. Bell, Frederick, Maryland		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.3 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		INTERVAL BETWEEN ONSET AND DEATH 16w 30 yrs	
(A) DUE TO <i>Lillian Early</i> <i>Alzheimer's disease</i>			
(B) DUE TO <i>Alzheimer's disease</i>			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from , 19....., to , 19....., that I last saw the deceased alive on , 19....., and that death occurred at 7:05A M, from the causes and on the date stated above. ADDRESS DATE SIGNED M. D. Frederick, Maryland 1/24/1956 Signature: <i>H. C. Clegg</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 24, 1956 NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 24 Jan. 1956		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland	
REGISTRAR'S SIGNATURE <i>Elizabeth b. Heck</i>			

BUREAU V. S.

JAN 26 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

Item 8. FilmGlo 2-1-56 et

1. PLACE OF DEATH. CITY OR TOWN Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED. CITY OR TOWN Maryland	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY 1/19/56	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital		STREET ADDRESS Burkittsville	
3. NAME OF DECEASED (Type or Print) Lee	(First) L	(Middle) M	(Last) Arnold
4. DATE OF DEATH Jan 26 1956	(Month)	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, MARRIED DIVORCED. (Specify) Married	8. DATE OF BIRTH 5-25-1886
9. AGE last birthday 69 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cabinet Maker	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Millard Arnold	14. MOTHER'S MAIDEN NAME Hattie Pearl		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World War I	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Edith Arnold	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause 976x	(a) Haemorrhage - gun shot wound penetrating left kidney, spleen & duodenum Self inflicted		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last	(b) gun shot wound penetrating left kidney, spleen & duodenum Self inflicted		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> OF CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY Home	(CITY OR TOWN) Burkittsville	(COUNTY) Frederick
TIME (Month) (Day) (Year) Jan 26, 56	INJURY OCCURRED (Hour) 30 m.	(STATE) Md	
OF INJURY 2a	White at work <input type="checkbox"/> Not white at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? Self inflicted gun shot wound	
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE B. O. Hansen, M.D. Deputy Medical Examiner	(Degree or title) ADDRESS Frederick Md	DATE SIGNED Jan 26 1956	
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1-28-56	NAME OF CEMETERY OR CREMATORIAL Union	LOCATION (City, town, or county) Burkittsville, Maryland
DATE REC'D BY LOCAL REG. 27 Jan 1956	REG. Elizabeth L. Heck	24. FUNERAL DIRECTOR C.H. Feete and Bro. Brunswick, Md	ADDRESS

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

JAN 30 1956

REGELY ED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00542

585

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick-Rural-R.D.#4 LENGTH OF STAY (in this place) Years HOSPITAL OR INSTITUTION OR STREET ADDRESS Cap Stine Road				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural-R.D.#4 STREET ADDRESS (If rural give location) Cap Stine Road			
3. NAME OF DECEASED (First) MARGARET (Middle) ELIZABETH (Last) AUSHERMAN (Type or Print) AUSHERMAN				4. DATE OF DEATH (Month) (Day) (Year) January 1, 1956			
S. SEX Female	6. COLOR OR RACE White	7. SPOUSE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	B. DATE OF BIRTH August 3, 1872	9. AGE last birthday 83	IF UNDER 1 YEAR Months yrs. Days Hours Min. Days Hours Min.		
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY Domestic			
11. BIRTHPLACE (State or foreign country) Maryland				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Sniveley Flook				14. MOTHER'S MAIDEN NAME Mary Shafer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO. None			17. INFORMANT & ADDRESS R. F. D. #4, Mrs. Tobias E. Zimmerman, Frederick, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 794X IMMEDIATE CAUSE (A) Sensibility ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan. 1, 1956, to Jan. 1, 1956, that I last saw the deceased alive on Dec. 15, 1955, and that death occurred at 5:00A.M. from the causes and on the date stated above. SIGNATURE <i>See Q Martin</i> M.D. Frederick, Maryland DATE SIGNED <i>1/3/1956</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 5, 1956		NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick, Maryland (State)	
24. REC'D BY REGISTRAR DATE Jan. 5, 1956				REGISTRAR'S SIGNATURE Elizabeth S. Heck			
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				M. R. Etchison & Son, Frederick, Maryland			

BY SHORTER THAN 24 HOURS - GRAYEAN

CHARGE TO DEBT

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RECEIVED
JAN 4 1944
BUREAU V. S.

586

CERTIFICATE OF DEATH

Reg. Dist. No. 129

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Frederick		MARYLAND	STATE Maryland		COUNTY Talbot
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)		
TOWN Rural Sabillasville		1 yr	TOWN Easton		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED (Type or Print) Annie			4. DATE (Month) OF DEATH Jan. 26 1956		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Mar. 28. 1881	9. AGE last birthday 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Fisher			14. MOTHER'S MAIDEN NAME Lena ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. No		17. INFORMANT & ADDRESS Mrs Thomas Wagaman Sabillasville Md	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 200.1 IMMEDIATE CAUSE (A) Lympho Sarcoma tonsil. ANTECEDENT CAUSE(S) DUE TO et generalized Metastases INTERVAL BETWEEN ONSET AND DEATH 4-6 Mo. DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) CHRONIC Myocarditis et Hypertension 5-7 yrs.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 18 May 1955 to 26 Jan 1956 , that I last saw the deceased alive on 22 Jan 1956 , and that death occurred at 11:45 A.M. from the causes and on the date stated above. SIGNATURE Harry Young M.D. ADDRESS (Street, city, town, state) Blue Ridge Summit 27 Jan 1956 DATE SIGNED					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/28/56	NAME OF CEMETERY OR CREMATORIAL Blue Ridge Cemetery		LOCATION (City, town, or county) (State) Thurmont, Md.
24. REC'D BY REGISTRAR JAN 30 1956		REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE Dr. J. B. Lyon, Raymond & Preager ADDRESS Thurmont, Md.		

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

TEXAS STATE DEPARTMENT OF NATURAL RESOURCES

CERTIFICATE OF DEATH

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BUREAU V. S

JAN 30 1960

RECEIVED

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Item 8, Film 101 1-19-56 et

CERTIFICATE OF DEATH

Reg. Dist. No. 440

1. PLACE OF DEATH:

COUNTY *Frederick*

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)TOWN *Frederick*LENGTH OF STAY
(in this place)

16 days

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS69 *Frederick Memorial Hosp.*3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

*HOWARD**BEARD*

5. SEX:

6. COLOR OR
RACE:7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):*m**w*

8. DATE OF BIRTH:

jan. 13, 1876

9. AGE last birthday

79

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days

1956

*Hours**Min.*10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired): *farmer*10B. KIND OF BUSINESS
OR INDUSTRY: *own farm*11. BIRTHPLACE (State or foreign country): *Maryland*12. CITIZEN OF WHAT
COUNTRY? *USA*

13. FATHER'S NAME:

John D. Beard

14. MOTHER'S MAIDEN NAME:

*Barbara Ellen Burrier*15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service): *no*

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X(A)
DUE TO*Cerebral Hemorrhage*

IMMEDIATE CAUSE

Diabetic.

ANTECEDENT CAUSE (S)

(B)
DUE TODISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from *Jan. 5, 1956*, to *Jan. 6, 1956*, that I last saw the deceasedalive on *Jan. 6, 1956*, and that death occurred at *M.* from the causes and on the date stated above.

SIGNATURE

ADDRESS DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

*Burial**Jan. 9, 1956**Chapel**M. Libertytown, Md.*DATE REC'D BY LOCAL
REGISTRAR *Jan. 7, 1956*REGISTRAR'S SIGNATURE
L. C. Powell

24. FUNERAL DIRECTOR

ADDRESS

J. C. Barton, Walkersville, Md.

RECEIVED
BUREAU V. S.

JAN 11 1956

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-155 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00545

553

CERTIFICATE OF DEATH

Item 9, Film G192 1-31-56 et

Reg. Dist. No. 131

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	Frederick	MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN	Frederick	1 hour	TOWN Lewistown, Md. Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	169 Frederick Memorial Hospital		
3. NAME OF DECEASED (First) (Middle) (Last)	John Frederick Biehl		4. DATE (Month) (Day) (Year)
5. SEX M	6. COLOR OR RACE b/w	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 8, 1881
9. AGE last birthday 74	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	11. KIND OF BUSINESS OR INDUSTRY Own farm	12. BIRTHPLACE (State or foreign country) Lewistown, Md.
13. FATHER'S NAME James A. Biehl	14. MOTHER'S MAIDEN NAME Sarah C. Mort		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No
16. SOCIAL SECURITY NO. 214-28-5698		17. INFORMANT & ADDRESS Mrs. Helen Springer, Thurmont, Md. RFD	
18. MEDICAL CERTIFICATION Rt. #1			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4200 IMMEDIATE CAUSE (A) Acute Coronary Occlusion ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Arteriosclerotic Heart Disease GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/22/56 to 1/22/56, that I last saw the deceased alive on 1/22/56, and that death occurred at 7:30 P.M. from the causes and on the date stated above.			
SIGNATURE Henry V. Chase		ADDRESS (Street, city, town, state) M.D. 41 Church St. Frederick Md. 1/22/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 1/25/56	NAME OF CEMETERY OR CREMATORIUM Utica Cemetery	LOCATION (City, town, or county) Utica, Md.
24. REC'D BY REGISTRAR DATE Jan. 26, 1956	REGISTRAR'S SIGNATURE Elizabeth Beck	25. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Springer	ADDRESS Thurmont, Md.

CERTIFICATE OF DEATH

RECEIVED: 10.7.1956 FROM: 10.7.1956

DEATH

DEATH

BUREAU Y. S.

JAN 25 1956

RECEIVED

554

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL LENGTH OF STAY
OR and give nearest town) (in this place)
TOWN Frederick YearsHOSPITAL OR
INSTITUTION OR
STREET ADDRESS 7 West Patrick Street3. NAME OF
DECEASED:
(Type or Print) WILLIAM4. DATE (Month) (Day) (Year)
OF
DEATH: January 23, 1956

5. SEX: Male

6. COLOR OR
RACE: White7. SPOUSE. MARRIED,
WIDOWED, DIVORCED.
(Specify): Married

8. DATE OF BIRTH: September 16, 1895

9. AGE last birthday 60

yrs. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired): Retired Farmer10B. KIND OF BUSINESS
OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT
COUNTRY? USA

13. FATHER'S NAME: Harry W. Bowers

14. MOTHER'S MAIDEN NAME: Anna I. Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service) Yes

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: 7 West Patrick Street,
Mrs. Norma A. Bowers, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(A) DUE TO Uremia

(B) DUE TO Chronic glomerulonephritis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR? (County) (State)

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY While Not while M. at work at work

21E. HOW DID INJURY OCCUR?

M.

I hereby certify that I attended the deceased from Nov., 1956, to 1/23, 1956, that I last saw the deceased

alive on 1/23, 1956, and that death occurred at 7:30P.M. from the causes and on the date stated above.

ADDRESS DATE SIGNED

Signature

Burial Jan. 26, 1956

23. BURIAL, CREMATION, DATE THEREOF

REMOVAL (SPECIFY)

Burial

25 Jan. 1956

REGISTRAR

Elizabeth S. Heck

REGISTRAR'S SIGNATURE

Elizabeth S. Heck

DATE REC'D BY LOCAL

REGISTRAR

BUREAU V. S.

JAN 26 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

555

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00547

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		MARYLAND LENGTH OF STAY (in this place)		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		COUNTY Frederick (If rural give location)	
Frederick Frederick		6 hrs.		Frederick		1005 Motter Ave.	
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
Virginia Mae Bowersox				Jan 18 1956			
S. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S	8. DATE OF BIRTH 18 Jan 1956	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				11. BIRTHPLACE (State or foreign country) MARYLAND			
10b. KIND OF BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Orville Clifford Bowersox				14. MOTHER'S MAIDEN NAME Eleanor Jane Nettleship			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.			
(If Yes, give war or dates of service)				17. INFORMANT & ADDRESS Hospital records			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 761.0 IMMEDIATE CAUSE (A) Cerebral hypoxia ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Premature separation of Placenta INTERVAL BETWEEN ONSET AND DEATH							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 18 Jan 1956, to 19, that I last saw the deceased alive on 18 Jan 1956, and that death occurred at 11:02 A.M. from the causes and on the date stated above. SIGNATURE R.L. Guest ADDRESS (Street, city, town, state) M.D. 7 E. Church St. Frederick DATE SIGNED 18 Jan 56							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 20, 1956		NAME OF CEMETERY OR CREMATORIUM Stone Chapel Cemetery, Rural, Westminster, Md.		LOCATION (City, Town, or County) 18 Jan 56 (Signed)	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE Elizabeth G. Head		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Major, Jr., Westminster, Md.		ADDRESS	
DATE 20 Jan. 1956		206-271404					

10200
BY BROMWICHESER TO STATE GRAYSON

CERTIFICATE OF DEATH

RECEIVED
BUREAU V. S.

BUREAU V. S.

JAN 22 1968

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

Frederick
COUNTY

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN CullenLENGTH OF STAY
(in this place)
33 days.HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
Victor Cullen State Hospital
043. NAME OF
DECEASED:
(Type or Print)(First)
John(Middle)
Luke(Last)
Brady

5. SEX:

Male

6. COLOR OR
RACE:

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):

Married

8. DATE OF BIRTH:

June 12, 1888

9. AGE last birthday

67

IF UNDER 1 YEAR
yrs.

Months

Days

IF UNDER 24 HRS.
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

Laborer

10B. KIND OF BUSINESS
OR INDUSTRY:

Laborer

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT
COUNTRY?

U. S. A.

13. FATHER'S NAME:

Patrick Brady

14. MOTHER'S MAIDEN NAME:

Ellen Brannan

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

216-10-3184

17. INFORMANT & ADDRESS:

Deceased.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
443X
IMMEDIATE CAUSE

(A) Hypertensive cardio-vascular disease.

INTERVAL BETWEEN
ONSET AND DEATH

Unknown.

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

Pulmonary Tuberculosis

1 year.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21c. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
While Not while
at work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1955 to Jan. 16, 1956 that I last saw the deceased
alive on Jan. 16, 1956 and that death occurred at 6:55 M. from the causes and on the date stated above.
SIGNATURE *B. Cullen* ADDRESS *Cullen, Maryland* DATE SIGNED *January 16, 1956*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county) (State)

1-19-56

New Cathedral Cem.

Baltimore, Md.

DATE REC'D BY LOCAL
REGISTRAR 1/16/56

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

John A. Moran, 3000 E. Balto. St.

Baltimore, Md.

BUREAU V. S.

JAN 17 1956

RECEIVED

00549

MARYLAND STATE DEPARTMENT OF HEALTH

588

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH CITY OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY OR TOWN		COUNTY Frederick	
GIFT (If outside corporate limits, write RURAL and give nearest town) Nr. Buckeystown		LENGTH OF STAY (In this place) 2 years	CITY (If outside corporate limits, write RURAL and give nearest town) Nr. Buckeystown			
3. NAME OF DECEASED (Type or Print)		(First) William Roscoe Brightwell (Middle) (Last)	4. DATE OF DEATH January 11 1956			
5. SEX Male		6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married		8. DATE OF BIRTH Oct 1-1893	9. AGE last birthday 62 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Brightwell		14. MOTHER'S MAIDEN NAME Emma Stultz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. 220-05-6903		17. INFORMANT AND ADDRESS (Nephew) Frederick, Md. Mr. Russell Brightwell - B & O Avenue		18. MEDICAL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause (a) Coronary Thrombosis		Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Exposure (c)		INTERVAL BETWEEN ONSET AND DEATH 1/2 hr. 10 hrs. +		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY <i>By way</i>		(CITY OR TOWN)		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/>		HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> SIGNATURE (Degree or title) ADDRESS <i>Frederick, Md</i> DATE SIGNED <i>Jan. 12-56</i>						
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF Jan. 14, 1956		NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 14 Jan. 1956		REGISTRAR'S SIGNATURE <i>Elizabeth S. Heek</i>		24. FUNERAL DIRECTOR C. E. CLINE & SON - FREDERICK, MARYLAND E. R.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 17 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

556

00550

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Frederick		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital		LENGTH OF STAY (in this place) 43 years			
3. NAME OF DECEASED: (First) MAURICE (Type or Print)		(Middle) ANDREW		(Last) BUCKINGHAM	
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED. Widowed	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Barber		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Maryland	
13. FATHER'S NAME: Nehemiah Buckingham		14. MOTHER'S MAIDEN NAME: Margaret Kane Buckingham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO.: 219-12-2215		17. INFORMANT & ADDRESS: (Daughter) Hagerstown, Maryland Mrs. William W. Noel - 101 W. Irvin Avenue	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X Immediate cause (a) DUE TO Cerebral Haemorrhage Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Gastro-sclerosis (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>					
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN) (CITY OR TOWN)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR? m. At Work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>Dec. 15, 1955</u> , to <u>Jan. 2, 1956</u> , that I last saw the deceased alive on <u>Jan. 2, 1956</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above. SIGNATURE <u>J. J. Gearre, M.D.</u> (Degree or title) ADDRESS <u>Frederick Rd</u> DATE SIGNED <u>1/4/56</u>					
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Jan. 5, 1956		NAME OF CEMETERY OR CREMATORIUM Pipe Creek Cemetery	
DATE REC'D BY LOCAL REGISTRAR 5 Jan. 1956		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>		LOCATION (City, town, or county) Carroll County, Maryland	
24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland					

CENTRAL TELETYPE DEPARTMENT OF DEFENSE

BUREAU V. S.

RECEIVED

JAN 6 1956

01746

589

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

241
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY FREDERICK		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND	
CITY (If outside corporate limits, write RURAL and give nearest town) NEW MARKET		CITY (If outside corporate limits, write RURAL and give nearest town) OR NEW MARKET	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) WALTER E. BURALL		4. DATE OF DEATH JAN 30 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH APRIL 20 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
13. FATHER'S NAME JESSE M BURALL SR.		14. MOTHER'S MAIDEN NAME DELILAH SHEETENHELM	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 78	
17. INFORMANT AND ADDRESS MRS MARY McSOLERICK NEWMARKET		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 153 X Immediate cause (a) Metastatic carcinoma of the colon 34 yrs			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (b) _____ (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> m.	
		HOW DID INJURY OCCUR? ADDRESS	
22. I hereby certify that I attended the deceased from 1954 , to 1/30 1956 , that I last saw the deceased alive on 1/15 1956 , and that death occurred at 7:35 P.M. from the causes and on the date stated above. SIGNATURE James B. Thomas, M.D. ADDRESS FREDERICK MD DATE SIGNED 2/1/56			
23. BURIAL, CREMATION REMOVAL (Specify) BURIAL		DATE THEREOF FEB 2-1956 NAME OF CEMETERY OR CREMATORIUM PLEASENT HILL CEMETERY LOCATION (City, town, or county) UR MONROVIA MD (State)	
DATE REC'D BY LOCAL REG. FEB 1 1956		REGISTRAR'S SIGNATURE Lucian K. Falcone	
24. FUNERAL DIRECTOR		ADDRESS W. E. Falcone New Market MD	

BUREAU V.

FEb 14 1956

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

590

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00551

Reg. Dist. No. 138

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Virginia	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick-Rural R.D.#6		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Front Royal	
HOSPITAL OR INSTITUTION OR STREET ADDRESS On Route # 40, North East Bank of Jug Bridge		STREET ADDRESS 104 West 18th Street	
3. NAME OF DECEASED (Type or Print)	(First) MANLEY	(Middle) CLETUS	(Last) CAMPBELL
4. DATE OF DEATH	(Month) January	(Day) 19	(Year) 1956
5. SEX	6. COLOR OR RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Unk	8. DATE OF BIRTH 12 July 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR Wholesale Grocery	9. AGE last birthday 51	11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME Henry Campbell	14. MOTHER'S MAIDEN NAME Unknown	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 227-22-0229	17. INFORMANT AND ADDRESS Maddox Funeral Home, Front Royal, Va.	18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 819X Immediate cause (a) Fracture base of skull Antecedent cause(s) (b) & Crushed chest Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Route 40		(CITY OR TOWN) non Frederick (COUNTY) Frederick (STATE) Md
TIME (Month) (Day) (Year) (Hour) OF INJURY 1956	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/>		HOW DID INJURY OCCUR? Caught under cab - truck
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> SIGNATURE B. Thomas, M.D. Deputy Medical Examiner ADDRESS Frederick, Md DATE SIGNED Jan 9-1956			
23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 10 Jan 1956	NAME OF CEMETERY OR CREMATORIAL Front Royal, Virginia	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG 1-10-56	REGISTRAR'S SIGNATURE Lucian K. Falconer	24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland	

BUREAU V. S.

JAN 17 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00552.

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1709 Rosemont Avenue		STREET ADDRESS 1709 Rosemont Avenue (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Denver	(Middle) Beavers	(Last) Carter
4. SEX Male	5. COLOR OR RACE White	6. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	7. DATE OF BIRTH 11 March 1899
8. DATE OF DEATH Jan. 18 1956	9. AGE last birthday 56 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk	11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY USA	13. FATHER'S NAME Charles L. Carter	14. MOTHER'S MAIDEN NAME Nettie Tipton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give year or dates of service) Yes	16. SOCIAL SECURITY No. 577-09-7183	17. INFORMANT AND ADDRESS Mrs. Mirian E. Carter, Braddock Heights, Md.	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 9733 Immediate cause		INTERVAL BETWEEN ONSET AND DEATH Virtue	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Name, farm, factory, street, OF office bldg., etc.) INJURY Garage	(CITY OR TOWN) Frederick	(COUNTY) Frederick
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input checked="" type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> SIGNATURE (Degree or title) ADDRESS DATE SIGNED Elizabeth S. Heck Frederick, Md. 1/18/56			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 23 Jan 1956	NAME OF CEMETERY OR CREMATORIUM Arlington National Cemetery	LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG.	REG. 26 Jan. 1956	REG. ELIZABETH S. HECK	24. FUNERAL DIRECTOR ADDRESS M. R. Etchison and Son, Frederick, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 23 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

558

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00553

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>69 Frederick Memorial</u>		MARYLAND LENGTH OF STAY (in this place) <u>1 month</u> STATE <u>MD</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>NEW LONDON</u> OR TOWN STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) <u>Edith H. Cashour</u>		4. DATE (Month) OF DEATH <u>6 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>FEB 4-1882</u>
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MICHIGAN</u>
13. FATHER'S NAME <u>James Martin</u>		14. MOTHER'S MAIDEN NAME <u>Alice MERRY</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT & ADDRESS <u>E.G. CASHOUR MTAIRY MD</u>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>331X</u> IMMEDIATE CAUSE <u>Cerebral Hemorrhage with left hemiplegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>Arteriosclerosis, generalized</u>		5 yrs t	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Diabetes mellitus</u>		8 yrs.	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <u> </u>		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u> </u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) <u> </u>	
21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>	
22. I hereby certify that I attended the deceased from <u>1/9 1955</u> to <u>1/6 1956</u> , that I last saw the deceased alive on <u>1/6 1956</u> , and that death occurred at <u>8:15 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>Henry V. Chase</u> ADDRESS (Street, city, town, state) <u>M.D. 4 E. Church St. Frederick MD</u> DATE SIGNED <u>1/6/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>1-9-1956</u>	NAME OF CEMETERY OR CREMATORIAL <u>CENTRAL CEMETERY</u>
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.E. Falconer New Market MD</u>
DATE <u>1-8-1956</u>			

U. S. BUREAU

JAN 12

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this time, the bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this time, the certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

559

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00554

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Frederick CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Frederick		MARYLAND LENGTH OF STAY (in this place) Years	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STATE Maryland COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) Frederick STREET ADDRESS 527 Klineharts Alley	
3. NAME OF DECEASED (Type or Print) CHARLES H. DAVIS		4. DATE OF DEATH January 3, 1956	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 26 June 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kitchen Helper		10b. KIND OF BUSINESS OR INDUSTRY Hospital	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Davis		14. MOTHER'S M AIDEN NAME Annie (Madden Name Unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes		16. SOCIAL SECURITY NO. 211-10-3533	
17. INFORMANT & ADDRESS R. F. D. #1, Mrs. Frances H. Addison, Frederick, Md.		18. MEDICAL CERTIFICATION	
443X IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) <i>Pulmonary edema</i> (B) <i>Hypertension (cardio vascular disease)</i> (C)		INTERVAL BETWEEN ONSET AND DEATH <i>hours</i> <i>year</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 1952 , to 1/3, 1956 , that I last saw the deceased alive on 1/3, 1956 , and that death occurred at 2:35 P.M. from the causes and on the date stated above.		ADDRESS (Street, city, town, state) Frederick, Maryland	
SIGNATURE <i>James B. Thomas</i>		DATE SIGNED 1/4/1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 7 Jan 1956	
24. REC'D BY REGISTRAR Elizabeth G. Heib		NAME OF CEMETERY OR CREMATORIUM Fairview Cemetery	
DATE 7 Jan 1956		LOCATION (City, town, or county) Frederick, Maryland	
25. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

560

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Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	Frederick	MARYLAND	STATE Maryland
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this piece)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN		Years	TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
11 Frederick 243 East Sixth Street		11 Frederick 417 South Market Street	
3. NAME OF DECEASED (First) (Type or Print)		4. DATE OF DEATH	
MARY		January 14, 1956	
CATHERINE		(Month)	(Day)
DeGRANGE		(Year)	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify)	8. DATE OF BIRTH
Female	White	Widow	15 March 1886
9. AGE last birthday	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
69 yrs.	House-work	Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Philip H. Cline		Sarah Jane Hooper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	243 E. 6th St., Frederick, Md.
NO	None	Richard W. DeGrange, Frederick, Md.	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
422.1 IMMEDIATE CAUSE (A) <u>Arterio-sclerotic Cardio-vascular</u> 5 years ANTECEDENT CAUSE(S) DUE TO <u>disease</u> DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan. 12</u> , 1956, to <u>Jan. 14</u> , 1956, that I last saw the deceased alive on <u>Jan. 12</u> , 1956, and that death occurred at <u>3 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>Sernard O. Hanes Jr.</u> M.D. ADDRESS (Street, city, town, state) <u>Frederick, Maryland</u> DATE SIGNED <u>16 Jan 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORI	LOCATION (City, town, or county)
Burial	17 Jan 1956	Lutheran Cemetery	Middletown, Maryland
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	
DATE <u>16 Jan 1956</u>	Elizabeth G. Heub	ADDRESS M. R. Etchison & Son, Frederick, Md.	

BY ASSISTANT SECRETARY OF STATE FOR EURASIA

CERTIFICATE OF DEATH

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RECEIVED

BUREAU V. S.

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CERTIFICATE OF DEATH

Reg. Dist. No. 141

Item 9, FilmG192 2-21-56 et

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Frederick CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Brunswick		MARYLAND LENGTH OF STAY (in this place) Life	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 37 East "D"		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick	
3. NAME OF DECEASED (Type or Print) William Burns		4. DATE OF DEATH I 26 56	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, MARRIED	8. DATE OF BIRTH II-3-1871
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Retired Machinist Helper B.O.R.R.C.C.	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James William Donovan		14. MOTHER'S MAIDEN NAME Catherine Jeannette Steele	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS Mrs. Emma Donovan, Brunswick, Md.		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 450.0 IMMEDIATE CAUSE		INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Malnutrition & Simile Pneumonia		6-6-0	
(B) DUE TO Advanced Arteriosclerosis		2-4-12	
(C) DUE TO Chronic Urinary Infection		2-4-12	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from.....		1956, to.....1956, that I last saw the deceased alive on.....1956, and that death occurred at.....A.M., from the causes and on the date stated above.	
SIGNATURE <i>E.S. Bruce</i>		ADDRESS (Street, city, town, state) Jefferson Rd	
DATE SIGNED 1/27/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF T-30-56	
24. REC'D BY REGISTRAR		NAME OF CEMETERY OR CREMATORIUM St. Marys	
DATE 2-8-56		LOCATION (City, town, or county) Petersville, Maryland	
REGISTRAR'S SIGNATURE <i>Eugenia H. Burns</i>		25. FUNERAL DIRECTOR'S SIGNATURE C.H. Feete and Bro. Brunswick, Md	
ADDRESS			

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EXERCISES

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— 22 — List of Figures

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00556

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL or and give nearest town) LENGTH OF STAY
 OR ~~TOWN~~ (in this place)
 11 Frederick 2 years
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR ~~TOWN~~ Frederick
 STREET ADDRESS 234½ East Church Street
 (If rural give location)

3. NAME OF DECEASED: (First) PARTHENIA (Middle) ELIZABETH (Last) DUTROW4. DATE (Month) (Day) (Year)
OF DEATH: January 9 1956

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED
 (Specify): Single 8. DATE OF BIRTH: June 2, 1888 9. AGE last birthday: 67
 If UNDER 1 YEAR yrs. Months Days Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
 10b. KIND OF BUSINESS OR INDUSTRY:
 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY?
 USA

13. FATHER'S NAME:

R. Claude Dutrow

14. MOTHER'S MAIDEN NAME:

Ida E. Beck15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
 No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: (Nephew)

None

Mr. Ormond Dutrow - 620 Fairview Ave., Frederick

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X Immediate cause

(a) DUE TO

Bronchogenic carcinomaInterval Between
Onset And Death
6 mo

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE)
 SUICIDE OF office bldg., etc.)
 HOMICIDE INJURY

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?
 OF INJURY m. While at Not While
 INJURY Work At Work

22. I hereby certify that I attended the deceased from 9-1-1955 to 1-10-1956, that I last saw the deceasedalive on 1-9-1956, and that death occurred at 11:40 P.M., from the causes and on the date stated above.
 SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
 REMOVAL (Specify) Burial Jan. 12, 1956 Mount Olivet Cemetery Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
 ADDRESS

11 Jan. 1956 Elizabeth E. Beck C. E. Cline & Son - Frederick, Maryland

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BUREAU V. S.

JUAN 12 1956

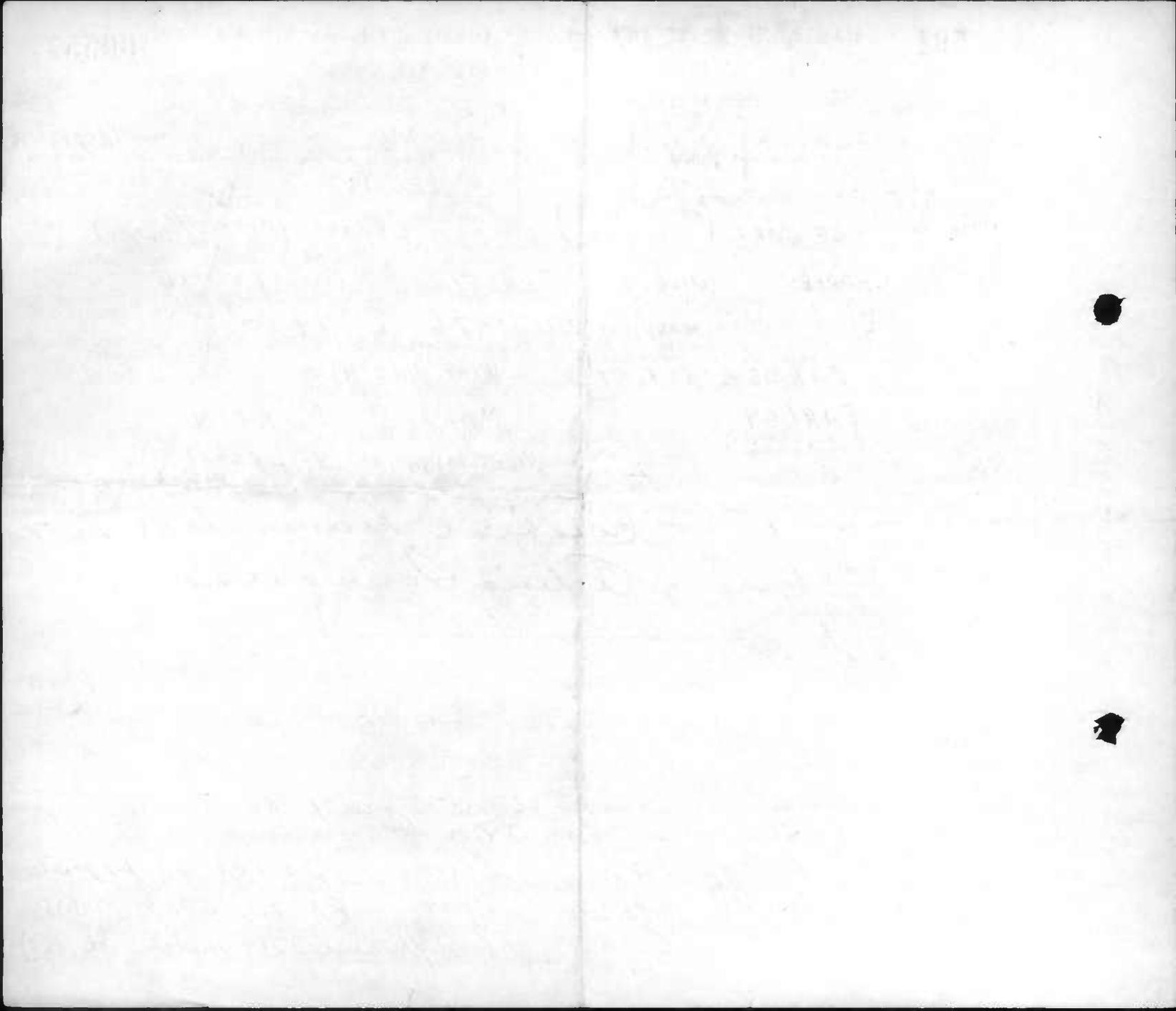
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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>FREDERICK</u> MARYLAND		STATE <u>Mo.</u> COUNTY <u>FREDERICK</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <u>LEGORE</u>		TOWN <u>LEGORE</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>LEGORE (NEAR NEW MIDWAY)</u>		STREET ADDRESS <u>LEGORE (NEAR NEW MIDWAY)</u>	
3. NAME OF DECEASED: (First) <u>CHARLES</u> (Middle) <u>WILBUR</u> (Last) <u>FARLEY</u>		4. DATE OF DEATH: (Month) <u>1</u> (Day) <u>16</u> (Year) <u>1956</u>	
5. SEX: <u>M</u> 6. COLOR OR RACE: <u>W</u> 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>MARRIED</u>		8. DATE OF BIRTH: <u>3/26/1876</u> 9. AGE last birthday: <u>79</u> yrs. <u>Months</u> <u>Days</u> <u>Hours</u> <u>Min.</u>	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): <u>FARMER, RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>WEST VIRGINIA</u>	
11. FATHER'S NAME: <u>RICHARD FARLEY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. MOTHER'S MAIDEN NAME: <u>MARY J. MARTIN</u>		14. MOTHER'S MAIDEN NAME: <u>WILHELMINA FARLEY, LEGORE, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: <u>17. INFORMANT & ADDRESS:</u>	
18. MEDICAL CERTIFICATION		Interval Between Onset And Death	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>331X</u> Immediate cause (a) DUE TO <u>Cerebral Hemorrhage 4 wks</u> Antecedent causes (s) (b) DUE TO <u>Arterio Sclerosis</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: <u>19b. MAJOR FINDINGS OF OPERATION</u>		20. AUTOPSY? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED White at Not White Work <input type="checkbox"/> At Work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-24-1955</u> to <u>Jan. 16, 1956</u> , that I last saw the deceased alive on <u>Jan. 15, 1956</u> , and that death occurred at <u>3 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>J. W. Legore M.D.</u> ADDRESS <u>Elmwood Bridge, Md 1-17-56</u> DATE SIGNED <u>1-17-56</u> (Degree or title)			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		DATE THEREOF <u>1-18-56</u> NAME OF CEMETERY OR CREMATORIAL <u>OKLAWN CEMT.</u> LOCATION (City, town, or county) (State) <u>BALTO. CO. MP.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>1-18-56</u> <u>J. W. Legore M.D.</u>		24. FUNERAL DIRECTOR <u>C. F. Hoffmann</u> ADDRESS <u>3218 Hudson St. (24)</u>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

00558

592

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 145

1. PLACE OF DEATH- CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- CITY TOWN STREET ADDRESS	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)	
Rural Smithburg		Md.	
MARYLAND		Frederick	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
William Albert Farsht		Jan. 19 1958	
5. SEX		6. COLOR OR RACE	
Male		White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)		8. DATE OF BIRTH	
Divorced		9-14-1874	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Farm laborer		Farm	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
Maryland		U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
David Farsht		?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		17. INFORMANT	
18. MEDICAL CERTIFICATION		19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
420.1 Immediate cause		(a) Coronary occlusion	
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		(b) (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		18. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> OF CAUSE OF DEATH. INJURY		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .		SIGNATURE (Degree or title) ADDRESS DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
Burial		1-22-1958 U. S. Cemetery Hagerstown, Md.	
DATE REC'D BY LOCAL REG.		REG. DATE	
Jan 21, 1958		Foy M. Bittle	
REG. DATE		24. FUNERAL DIRECTOR ADDRESS	
Gladhill Co. Middletown, Md.			

BUREAU V. S.

JAN 24 1956

RECEIVED

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-155 10/M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

562

00559

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS (If rural give location)	
TOWN Frederick, Md.		2 weeks		TOWN Thurmont, Md.			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital							
3. NAME OF DECEASED (First) Ethel (Middle) Virginia (Last) Fogle				4. DATE (Month) (Day) (Year) Jan 5 1956			
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Jan. 1, 1891	
9. AGE last birthday 65 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Thomas Stouffer				14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-03-4641		17. INFORMANT & ADDRESS Oscar R. Fogle--Thurmont, Md.			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 463X IMMEDIATE CAUSE (A) Pulmonary Embolism INTERVAL BETWEEN ONSET AND DEATH minutes.							
ANTECEDENT CAUSE(S) DUE TO Phlebothrombosis left Femoral vein 1 mo.							
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO Coronary Thrombosis 3 days							
STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) M.D.		(County) Frederick (State) Md.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/5/56 to 1/5/56 , that I last saw the deceased alive on 1/5/56 , and that death occurred at 10 A.M. from the causes and on the date stated above.							
SIGNATURE Henry V. Chase ADDRESS (Street, city, town, state) 4 E. Church St. Frederick, Md. DATE SIGNED 1/5/56							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/8/56		NAME OF CEMETERY OR CREMATORIAL Blue Ridge Cemetery		LOCATION (City, town, or county) Thurmont, Md. (State) Md.	
24. REC'D BY REGISTRAR JAN 9 1956		REGISTRAR'S SIGNATURE Elizabeth G. Reck		25. FUNERAL DIRECTOR'S SIGNATURE M.L. Creager and Son		ADDRESS Thurmont, Md.	

BUREAU U. S.

1556 9 JAN 1956

DECEMBER 9, 1956

INSTRUCTIONS**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be filed with the registrar within 24 hours after death.**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10K

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00560

593

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Frederick		MARYLAND		STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Jefferson-Rural		LENGTH OF STAY (in this place) 5 Yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR Jefferson-Rural	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gene Hemp Road			STREET ADDRESS Gene Hemp Road		
3. NAME OF DECEASED (Type or Print) MABEL			4. DATE OF DEATH January 15, 1956		
(First) MABEL		(Middle) LIZZIE		(Last) FOX	
5. SEX Female	6. COLOR OR RACE White	7. SHOT, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 11 March 1878	9. AGE last birthday 77 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work			10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Jacob P. Hesson			14. MOTHER'S MAIDEN NAME Mary E. Mercer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Mrs. Garl A. Tressler, Jefferson, Md.	
18. MEDICAL CERTIFICATION					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 442X IMMEDIATE CAUSE (A) <i>Cardio-Renal-Vascular disease</i> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) Middleton (State) Maryland	
21d. TIME OF INJURY (Month) Jan (Day) 15 (Year) 1956 (Hour) M. <input type="checkbox"/> et work <input type="checkbox"/> Not while <input type="checkbox"/> et work		21e. INJURY OCCURRED While <input type="checkbox"/> et work <input type="checkbox"/> Not while <input type="checkbox"/> et work			
21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Jan 11, 1956 , to Jan 15, 1956 , that I last saw the deceased alive on Jan 11, 1956 , and that death occurred at 2 A.M. from the causes and on the date stated above. SIGNATURE <i>E. H. H.</i> ADDRESS (Street, city, town, state) Middleton, Maryland DATE SIGNED 1-15-56					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 18 Jan 1956	NAME OF CEMETERY OR CREMATORIUM Fairmount Cemetery		LOCATION (City, town, or county) Libertytown, Maryland (State)
24. REC'D BY REGISTRAR Elizabeth B. H. H.		REGISTRAR'S SIGNATURE <i>Elizabeth B. H. H.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Md.		
DATE 16 Jan 1956					

CERTIFICATE OF DEATH

22

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BUREAU V. S.

JAN 17 1956

RECEIVED

594

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)TOWN Rural, FrederickLENGTH OF STAY
(in this place)

18 yrs

HOSPITAL OR

INSTITUTION OR
STREET ADDRESS90 Fred. C. Chronic Hospital3. NAME OF
DECEASED:
(Type or Print)

COTTA

MAY

(Last)

GREEN

4. DATE (Month)

(Day)

(Year)

5. SEX:

6. COLOR OR
RACE:

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):

S

single

8. DATE OF BIRTH:

Feb. 4, 1893

9. AGE last birthday

62

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

Housework

10B. KIND OF BUSINESS
OR INDUSTRY:

own home

13. FATHER'S NAME:

Aaron Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

IMMEDIATE CAUSE

(A)
DUE TO

Classic myocarditis

ANTECEDENT CAUSE (S)

(B)
DUE TO

Athletes deformans

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

5 yrs

40 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from , 1951, to Jan 27, 1956, that I last saw the deceased
alive on Jan 27, 1956, and that death occurred at 70 M, from the causes and on the date stated above.
SIGNATURE H. A. Reuie ADDRESS Frederick DATE SIGNED Feb 1, 195623. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

Feb. 1, 1956

NAME OF CEMETERY OR CREMATORIY

Mt. Pleasant Cemetery

LOCATION (City, town, or county)

Frederick, Carroll Co., Md.

(State)

DATE REC'D BY LOCAL
REGISTRAR

31 Jan. 1956

REGISTRAR'S SIGNATURE

Elizabeth S. Heck

24. FUNERAL DIRECTOR

G. C. Baster, Walkersville

ADDRESS

Md.

RECEIVED
FEB 1 1956
BUREAU Y. S.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00562

581

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Frederick		MARYLAND	STATE Maryland		COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Brunswick		LENGTH OF STAY (In this place) 15 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 125 East Potomac			STREET ADDRESS 125 East Potomac		(If rural give location)
3. NAME OF DECEASED (Type or Print) Georgianna Rebecca Hamilton			4. DATE (Month) (Day) (Year) OF DEATH 1-4-56		
5. SEX Female	6. COLOR OR White	7. SINGLE, MARRIED, WIDOWER, DIVORCED, (Specify) Single	8. DATE OF BIRTH 12-2-1910	9. AGE last birthday 45 yrs.	IF UNDER 1 YEAR Months 1 Days 0 Hours 0 Min. 0
10e. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) Nurse		10b. KIND OF BUSINESS None	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT U.S. STATE?
13. FATHER'S NAME John William Hamilton			14. MOTHER'S MAIDEN NAME Katie Viola Biser		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Mary Jane Hamilton, Brunswick, Md.		
18. MEDICAL CERTIFICATION <i>Melastatic carcinoma Generalized</i> <i>Squamous cell carcinoma Vagina</i> 3 mo 1 yr 2 mo IMMEDIATE CAUSE (A) 176X ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)					
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 19 54</i> , to <i>Jan 4, 1956</i> , that I last saw the deceased alive on <i>Jan 2, 1956</i> , and that death occurred at <i>301</i> M., from the causes and on the date stated above. SIGNATURE <i>E. J. Brice</i> ADDRESS (Street, city, town, state) <i>Exposition Rd</i> DATE SIGNED <i>1/5/56</i>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1-7-1956	NAME OF CEMETERY OR CREMATORIAL Mt. Olivet	LOCATION (City, town, or county) Frederick, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>Eugenia W. Bueche</i>	25. FUNERAL DIRECTOR'S SIGNATURE C.H. Feete and Bro. Brunswick, Md.		
DATE 1-10-56			ADDRESS		

RECEIVED
DEPARTMENT OF STATE - WASH. D. C.

CERTIFICATE OF PRIORITY

RECEIVED

BUREAU V. S.

JAN 12 1956

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		LENGTH OF STAY (In this place) Hours	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital		STREET ADDRESS (If rural give location) Bartonsville	
3. NAME OF DECEASED: (Type or Print)	(First) EARL	(Middle) SYLVESTER	(Last) HARGETT
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED. WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 10 March 1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10B. KIND OF BUSINESS OR INDUSTRY: Day Laborer	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Simon W. Hargett		14. MOTHER'S MAIDEN NAME: Mahala Catherine Griffith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unk	
17. INFORMANT & ADDRESS: Mrs. Nellie B. Hargett, RD#6, Frederick, Md.			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>420.1</i>			
IMMEDIATE CAUSE (A) DUE TO <i>Coronary Occlusion</i>			
ANTECEDENT CAUSE (B) DUE TO <i>Myocardial Decompenstation</i>			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>articular effumation</i>			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>April 1, 1948</i> , to <i>Jan 19, 1957</i> , that I last saw the deceased alive on <i>Jan 19, 1957</i> , and that death occurred at <i>7:30P.M.</i> from the causes and on the date stated above. SIGNATURE <i>Laurence Falvey</i> M. D. Frederick, Maryland 20 Jan 1956 DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF <i>23 Jan 1956</i> NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	
DATE REC'D BY LOCAL REGISTRAR <i>21 Jan. 1956</i>		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland	

RECEIVED
BUREAU V. S.

JAN 29 1956

Item 9, Film G191 1-13-56 et.

CERTIFICATE OF DEATH

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY	Frederick	STATE	Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN	Cullen	TOWN	Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
04 Victor Cullen State Hospital		2214 Poplar Grove Street,	
3. NAME OF DECEASED: (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH: January 4, 1956	
Female	(First) Kathryn	(Middle) C.	(Last) Hargadon
6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Dec. 3, 1894	9. AGE last birthday 62 61 yrs. IF UNDER 1 YEAR Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse		10B. KIND OF BUSINESS OR INDUSTRY: Nurse	
11. BIRTHPLACE (State or foreign country): Delaware		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Dominic Hargadon		14. MOTHER'S MAIDEN NAME: Della Coffay	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?	
17. INFORMANT & ADDRESS: Decceased.			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
002X IMMEDIATE CAUSE (A) Pulmonary Tuberculosis INTERVAL BETWEEN ANTECEDENT CAUSE (S) DUE TO ONSET AND DEATH			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) DUE TO			
STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While Not while M. at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 14, 1934, to Jan. 4, 1956, that I last saw the deceased alive on Jan. 4, 1956, and that death occurred at 11:45 p.m., from the causes and on the date stated above. SIGNATURE <i>J. H. Cullen</i> DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		M. D. Cullen, Maryland LOCATION (City, town, or county) Baltimore, Md. (State) January 6, 1956	
DATE REC'D BY LOCAL REGISTRAR 1/5/56		24. FUNERAL DIRECTOR ADDRESS M. L. Creager & Son, Thurmont, Md.	
REGISTRAR'S SIGNATURE <i>J. H. Cullen</i>			

BUREAU V. S

JAN 9 1956

RECEIVED

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

582

CERTIFICATE OF DEATH

00565

Reg. Dist. No. 141

1. PLACE OF DEATH

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR end give nearest town)
TOWN BrunswickLENGTH OF STAY
(in this place)
65 years

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland

COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN BrunswickHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

II5 5th.Ave.

STREET
ADDRESS

II5 5th.Ave.

(If rural give location)

3. NAME OF
DECEASED
(Type or Print)

(First) Charles Edward Harper (Middle) (Last)

5. SEX

6. COLOR OR
RACE7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

8. DATE OF BIRTH

4. DATE
OF
DEATH

(Month) (Day) (Year)

8-I-1874

9. AGE last birthday

IF UNDER 1 YEAR
Months Deys Hours Min.

81

yrs.

10. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)10b. KIND OF BUSINESS
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT
COUNTRY?

Car Foreman

B.&O.R.R.Co

West Virginia

U.S.A.

13. FATHER'S NAME

Lloyd Harper

14. MOTHER'S MAIDEN NAME

Emma B. Forney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.)

(If Yes, give war or type of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

Mrs. Lillian Cain, Brunswick, Md.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE

(A)

ANTECEDENT CAUSE(S) DUE TO
DISEASES OR CONDITIONS, IF ANY, (B)
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO
(C)

18. MEDICAL CERTIFICATION

Chronic Thrombosis
Gangrenous Arteritis
Secondary.

INTERVAL BETWEEN
ONSET AND DEATH

3 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

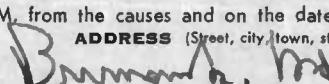
(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
M. While at work Not while at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-1876 to 1-8-1876 that I last saw the deceased
alive on 1-8-1876, and that death occurred at 2:30 P.M. from the causes and on the date stated above.
SIGNATURE  ADDRESS (Street, city, town, state)  DATE SIGNED 1-9-187623. BURIAL, CREMATION,
REMOVAL (SPECIFY)
Burial

DATE THEREOF

I-10-56

NAME OF CEMETERY OR CREMATORIAL

Park Heights

LOCATION (City, town, or county)

Brunswick, Maryland

(State)

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE 1-10-56

Eugenio W. Busche

C.H. Feete and Bro. Brunswick, Md.

WISCONSIN STATE DEPARTMENT OF NATURAL RESOURCES

CERTIFICATE OF DEATH

REGISTRATION

BUREAU V. S.

JAN 12 1966

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick		LENGTH OF STAY (in this place) Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick		(If rural give location) 30-A East Fourth Street
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital			STREET ADDRESS		
3. NAME OF DECEASED: (Type or Print) GEORGE		(First) (Middle) WILLIAM	(Last) HARPER	4. DATE (Month) (Day) (Year) OF DEATH: January 27, 1956	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED: WIDOWED, DIVORCED. (Specify): Widowed	8. DATE OF BIRTH: 3 March 1868	9. AGE last birthday 87 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer		10B. KIND OF BUSINESS OR INDUSTRY: Steel Mill	11. BIRTHPLACE (State or foreign country): Maryland		
12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME: William H. Harper			14. MOTHER'S MAIDEN NAME: Matilda Bell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT & ADDRESS: 30-A E. 4th St., Mrs. George Souder, Frederick, Md.		
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH		
491X IMMEDIATE CAUSE DUE TO (A) <i>Bronchopneumonia</i>			10 days		
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			DUE TO (B) <i>Anterior atherosclerotic heart disease</i>		
			DUE TO (C) <i>Emphysema</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Anterior atherosclerotic heart disease</i>					
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 12, 1956, to Jan 27, 1956, that I last saw the deceased alive on Jan 27, 1956, and that death occurred at 7 P.M., from the causes and on the date stated above. SIGNATURE <i>Robert S. Turner, Jr.</i> ADDRESS DATE SIGNED M.D. Frederick, Maryland 30 Jan 1956					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 30 Jan 1956		NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	
LOCATION (City, town, or county) (State) Frederick, Maryland					
DATE REC'D BY LOCAL REGISTRAR 30 Jan 1956		REGISTRAR'S SIGNATURE <i>Elizabeth S. Heck</i>		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Md.	

BUREAU V. S.

FEb 1 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

596

00567

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Frederick		MARYLAND		STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Knoxville		LENGTH OF STAY (in this place) 31 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Knoxville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)			4. DATE (Month) OF DEATH I 5 1956		
S. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, Married	8. DATE OF BIRTH 7-25-1890	9. AGE last birthday 65 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if yard Master)			10b. KIND OF BUSINESS OR INDUSTRY B.&O.R.R.Co		
11. BIRTHPLACE (State or foreign country) West Virginia			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Harry S. Hedges			14. MOTHER'S MAIDEN NAME Mary Eichelberger		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Adele Hedges, Knoxville, Md.	
18. MEDICAL CERTIFICATION					
<p>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X IMMEDIATE CAUSE (A) <i>Gastro</i> ANTECEDENT CAUSE(S) DUE TO <i>Gastro</i> DISEASES OR CONDITIONS, IF ANY, (B) <i>Gastro</i> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <i>Gastro</i> (C)</p>					
<p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</p>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
<p>22. I hereby certify that I attended the deceased from 1956 to 1956, that I last saw the deceased alive on 1/10/56 and that death occurred at 11A.M. from the causes and on the date stated above. SIGNATURE <i>Eugenio H. Burke</i> M.D. ADDRESS (Street, city, town, state) <i>811 Market St. Petersburg, Md.</i> DATE SIGNED <i>1/10/56</i></p>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF I-7-1956		NAME OF CEMETERY OR CREMATORIAL St. Marks	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>Eugenio H. Burke</i>		LOCATION (City, town, or county) Petersville, Maryland	
DATE 1-10-56				25. FUNERAL DIRECTOR'S SIGNATURE C.H. Feete and Bro. Brunswick, Md.	

BY ASSUMPTION OF HEAD-OF-STATE STATUS

CHIEF OF STATE

RECEIVED BY SECRETARY OF STATE

BUREAU V. S

JAN 12 1966

RECEIVED

Item 18 Film G192 2-8-56 ams

CERTIFICATE OF DEATH

Reg. Dist. No. 131

USE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural-R.F.D.#5 X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital		STREET ADDRESS (If rural give location) Clifton	
3. NAME OF DECEASED: (Type or Print)	(First) JOHN	(Middle) JACOB	(Last) HILDEBRAND
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 27, 1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rack Dept.		10B. KIND OF BUSINESS OR INDUSTRY: Alum. Company	9. AGE last birthday 65 IF UNDER 1 YEAR Months Days Hours Min.
13. FATHER'S NAME: Thomas Hildebrand		11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 214-10-5649	17. INFORMANT & ADDRESS: Mrs. Dorothy S. Hildebrand, Frederick, R.F.D.
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332 X IMMEDIATE CAUSE (A) Cerebral infarction ANTECEDENT CAUSE (B) Cerebral hemorrhage DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Cerebral thrombosis II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral thrombosis 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Jan 24</u> , 1956, to <u>Jan 24</u> , 1956 that I last saw the deceased alive on <u>Jan 24</u> , 1956, and that death occurred at 10:12 M, from the causes and on the date stated above. SIGNATURE <u>A. J. Deurre</u> ADDRESS <u>Frederick, Maryland</u> DATE SIGNED <u>1/25/1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 27, 1956	NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery
DATE REC'D BY LOCAL REGISTRAR <u>25 Jan. 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth J. Heck</u>	LOCATION (City, town, or county) (State) Frederick, Maryland
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

BUREAU V. S.

JAN 26 1956

RECEIVED

597

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Thurmont, Md. Rt. #2

LENGTH OF STAY
(in this place)

46 yrs.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town)
OR

TOWN Thurmont, Md. Rural

STREET
ADDRESS

(If rural give location)

3. NAME OF
DECEASED:
(Type or Print)

(First) Wilson

(Middle)

Coleman

(Last)

Holt

4. DATE (Month) (Day) (Year)
OF DEATH: Jan. 30, 1956

5. SEX:

6. COLOR OR
RACE: Male White7. SINGLED, MARRIED,
WIDOWED, DIVORCED.
(Specify): Married

8. DATE OF BIRTH: Feb. 2, 1889

9. AGE last birthday: 66 yrs.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY: Painter Contractor

11. BIRTHPLACE (State or foreign country): Lewistown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:

Eugene B. Holt

14. MOTHER'S MAIDEN NAME:

Mary C. Fogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service) No

16. SOCIAL SECURITY NO. 213-18-0740

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4341

IMMEDIATE CAUSE

(A) DUE TO

Congestive heart disease

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

24 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

None

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from Jan. 29, 1956, to Jan. 30, 1956, that I last saw the deceased
alive on Jan. 29, 1956, and that death occurred at 1 a. M. from the causes and on the date stated above.
SIGNATURE *James J. Gray* ADDRESS *Thurmont, Md.* DATE SIGNED *1-31-56*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

2/1/56

NAME OF CEMETERY OR CREMATORI

Utica Cemetery

LOCATION (City, town, or county) (State)

Utica, Md.

DATE REC'D BY LOCAL
REGISTRAR

Jan. 31 1956

REGISTRAR'S SIGNATURE

Blanche S. Eyles

24. FUNERAL DIRECTOR

M. L. Creager and Son Thurmont, Md.

ADDRESS

RECEIVED
BUREAU V. S.

FEB 2 1956

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

566

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00570

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)FrederickLENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

69

Fred. Memorial Hospital3. NAME OF
DECEASED:
(Type or Print)Reverdy

(Middle)

Eli

(Last)

Kieeny4. DATE (Month)
OF
DEATH:

1 17 19 56

5. SEX:

6. COLOR OR
RACE:7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):

8. DATE OF BIRTH:

9. AGE last birthday

10. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):10B. KIND OF BUSINESS
OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE

(A)

DUE TO

Coronary OcclusionINTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSE (S)

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

3 hrsII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

M.

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to Jan. 17, 1956, that I last saw the deceasedalive on Jan. 17, 1956, and that death occurred at 10:30 p.m. from the causes and on the date stated above.

SIGNATURE

Elmer Hark

M. D.

Middletown, Md., 1-18-56

ADDRESS DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)Burial

DATE THEREOF

1-20-1956

NAME OF CEMETERY OR CREMATORIUM

Lutheran Cemetery

LOCATION (City, town, or county) (State)

Middletown, Md.DATE REC'D BY LOCAL
REGISTRAR1-19-56

REGISTRAR'S SIGNATURE

Elizabeth S. Heck

24. FUNERAL DIRECTOR

Gladhill C., Middletown, Md.

ADDRESS

BUREAU V. S.

JAN 24 1956

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural-nr. Doubs		MARYLAND LENGTH OF STAY (in this place) Lifetime	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 4		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural- nr. Doubs	
STREET ADDRESS Route 4		COUNTY Frederick (If rural give location)	
3. NAME OF DECEASED: (First) Stanley (Middle) Leo (Last) Lamm (Type or Print)		4. DATE OF DEATH: (Month) Jan. (Day) 1 (Year) 1956	
5. SEX: Male 6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None		10b. KIND OF BUSINESS OR INDUSTRY:	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Roger William Lamm		14. MOTHER'S MAIDEN NAME: Ida Rebecca Jenkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO.: None 17. INFORMANT & ADDRESS: Route 4 Mrs. Ida R. Lamm (Mother) Frederick-Maryland	
18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Pneumonia Antecedent causes (s) cerebral palsy with Diseases or conditions, if any, giving rise to the above cause mental retardation stating the underlying cause last.			
Interval Between Onset And Death 3 wks. 20 23 yrs			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5 Dec, 1955 , to 25 Dec, 1955 , that I last saw the deceased alive on 25 Dec, 1955 , and that death occurred at 2 A.M. , from the causes and on the date stated above. SIGNATURE R. L. Guest MD DR. R. L. GUEST ADDRESS DR. R. L. Guest DATE SIGNED 3 Jan 56 E. CHURCH ST. Frederick Md. 3 Jan 56			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 1-4-1956 NAME OF CEMETERY OR CREMATORIUM Lutheran Cemetery LOCATION (City, town, or county) (State) Jefferson Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Elizabeth S. Heck 24. FUNERAL DIRECTOR C. E. Cline and Son ADDRESS Frederick-Md.	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00572

599

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Braddock Heights		Months		TOWN Frederick		TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vindabona Convalescent Home		STREET ADDRESS 114 Kline Blvd.					
3. NAME OF DECEASED (First) NATHANIEL (Middle) LUTHER (Last) LEA				4. DATE OF DEATH Jan. 3 1956			
S. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH November 17, 1881	9. AGE last birthday 74	10. IF UNDER 1 YEAR yrs. 0	11. IF UNDER 24 HRS. Months 0	12. IF UNDER 24 HRS. Days 0
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if part-time) Retired Manager		10b. KIND OF BUSINESS OR INDUSTRY Coca-Cola Plant	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Nathaniel Lea				14. MOTHER'S MAIDEN NAME (First Name Unknown) Blackwell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) No	17. INFORMANT & ADDRESS 114 Kline Blvd., Dr. Melvin E. Lea, Frederick, Maryland					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<p>332X IMMEDIATE CAUSE (A) cerebral Thrombosis, recurrent ANTECEDENT CAUSE(S) DUE TO with left hemiplegia DISEASES OR CONDITIONS, IF ANY, (B) Generalized Arteriosclerosis GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 6 yrs. (C) 6 yrs. </p>							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) May (Day) 19 (Year) 56 (Hour)		21e. INJURY OCCURRED M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 19 56 to May 2 19 56, that I last saw the deceased alive on May 1 19 56, and that death occurred at 9:15 AM, from the causes and on the date stated above.							
SIGNATURE <i>Henry V. Chase</i> M. D. <i>45 Church St. Frederick, 1/5/56</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 6, 1956		NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick, Maryland (State)	
24. REC'D BY REGISTRAR Elizabeth S. Heek		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland			
DATE 6 Jan. 1956							

BUREAU V. S.

2021 OCT 14 NYC

RECEIVED
JUN 10 1966

CERTIFICATE OF DEATH

Reg. Dist. No. 00573

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY	Frederick	MARYLAND	STATE	Md	COUNTY	Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town)	Frederick	LENGTH OF STAY (in this place)	OR TOWN	8 yrs	OR TOWN	Walkersville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	94 Home for the Aged	STREET ADDRESS		(If rural give location)		
3. NAME OF DECEASED: (Type or Print)	(First) MINNIE	(Middle) ELSA	(Last) LEASE	4. DATE (Month) OF DEATH: Jan 11 1956		
5. SEX:	6. COLOR OR RACE: F	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W	8. DATE OF BIRTH: widowed Aug. 9 1869	9. AGE last birthday 86 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher		10B. KIND OF BUSINESS OR INDUSTRY: Public schools		11. BIRTHPLACE (State or foreign country): Maryland		
12. CITIZEN OF WHAT COUNTRY? USA						
13. FATHER'S NAME: George Guild		14. MOTHER'S MOTHER'S NAME: Albina (Do not know)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO.				
18. MEDICAL CERTIFICATION						
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
331X IMMEDIATE CAUSE Cerebral hemorrhage						
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Generalized Arterio-Sclerosis						
(A) DUE TO (B) DUE TO (C)						
6 wks.						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
M.						
22. I hereby certify that I attended the deceased from now 1955, to 1 Jan 1956, that I last saw the deceased alive on 9 Jan 1956, and that death occurred at 8 A.M. from the causes and on the date stated above. SIGNATURE Charles K. Conley, Jr.						
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 13, 1956		NAME OF CEMETERY OR CREMATORIUM Glade		
DATE REC'D. BY LOCAL REGISTRAR 12 Jan. 1956		REGISTRAR'S SIGNATURE Elizabeth B. Heck		LOCATION (City, town, or county) (State) Walkersville, Md.		
24. FUNERAL DIRECTOR G. C. BASTON, Walkersville, Md.		ADDRESS				

DUREAU V. S.

94-10-1056

ED

EDUCATIONAL

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00574

610

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	Frederick	MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN	rural—Mt. Airy	14 yrs.	OR TOWN Rural—Mt. Airy
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)		
88	near Unionville		
3. NAME OF DECEASED (First) (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH	
DECEASED (Type or Print)		JAN. 22 1956	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
female	white	Married	10-12-1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
housewife		own home	Maryland
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Moore		Amelia Gosnell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
no		none	
17. INFORMANT & ADDRESS		18. MEDICAL CERTIFICATION	
Marshall Lookingbill, Same		Cerebral Hemorrhage	
33IX IMMEDIATE CAUSE (A)		3 days	
ANTECEDENT CAUSE(S) DUE TO (B)		=	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C)		=	
STATING UNDERLYING CAUSE LAST.		=	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
M.		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-20-1956, to 1-22-1956, that I last saw the deceased alive on 1-22-1956, and that death occurred at 10 P.M. from the causes and on the date stated above.			
SIGNATURE		ADDRESS (Street, city, town, state)	
J. H. Legg		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		M.D. Union Bridge Md 1-23-56	
BURIAL		NAME OF CEMETERY OR CREMATORIAL	
24. REC'D BY REGISTRAR		LOCATION (City, town, or county) (State)	
REGISTRAR'S SIGNATURE		Carroll Co., Maryland	
DATE Jan. 25, 1956		25. FUNERAL DIRECTOR'S SIGNATURE	
Signature		ADDRESS	
Signature		C. M. Waltz, Winfield, Md.	

DEPARTMENT OF THE NAVY - UNITED STATES QUADRATIC

CERTIFICATE OF DATA

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DATA SHEET NO. 4
DATA SHEET NO. 5
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BUREAU V. S.

JAN 26 1956

RECEIVED

2

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

568

00575

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Frederick MARYLAND		STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville-Rural RD#1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural give location) Dublin Road	
3. NAME OF DECEASED (Type or Print) BABY BOY McFARLAND		4. DATE (Month) (Day) (Year) OF DEATH January 8, 1956	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 7 Jan 1956
9. AGE last birthday yrs. 1	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	11. KIND OF BUSINESS OR INDUSTRY	12. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME William Robert McFarland	14. MOTHER'S MAIDEN NAME Mary Stoner	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS William R. McFarland, Walkersville, Md.	18. MEDICAL CERTIFICATION	19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
IMMEDIATE CAUSE (A) <i>Cerebral hypoxia.</i>		ANTECEDENT CAUSE(S) DUE TO (B) <i>Unknown cause.</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-7, 1956, to 1-8, 1956, that I last saw the deceased alive on 1-8, 1956, and that death occurred at 3:20 P.M. from the causes and on the date stated above.			
SIGNATURE <i>Robert S. Turner, Jr.</i>		ADDRESS (Street, city, town, state) M.D. 7 East Church St., Frederick, Md. 1-8-16	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 9 Jan 1956	NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland
24. REC'D BY REGISTRAR DATE 9 Jan 1956	REGISTRAR'S SIGNATURE <i>Elizabeth S. Heck</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison and Son, Frederick, Md.	

16933

CERTIFICATE OF DEATH

DECEASED'S NAME	AGE	SEX	CAUSE OF DEATH
WILLIAM H. COOPER	60	Male	CHRONIC CARDIOPATHY
ADDRESS	DATE OF DEATH	TIME OF DEATH	DEATH CERTIFICATE NUMBER
1000 BROADWAY	1-12-1948	10:00 P.M.	16933
ST. LOUIS, MO.			
NAME AND ADDRESS OF DOCTOR	NAME AND ADDRESS OF HOSPITAL	NAME AND ADDRESS OF FUNERAL HOME	
DR. JAMES COOPER	CHIROPRACTIC HOSPITAL	WILLIAM COOPER	
1000 BROADWAY	1000 BROADWAY	1000 BROADWAY	
ST. LOUIS, MO.	ST. LOUIS, MO.	ST. LOUIS, MO.	
NAME AND ADDRESS OF FUNERAL HOME	NAME AND ADDRESS OF HOSPITAL	NAME AND ADDRESS OF DOCTOR	
WILLIAM COOPER	CHIROPRACTIC HOSPITAL	DR. JAMES COOPER	
1000 BROADWAY	1000 BROADWAY	1000 BROADWAY	
ST. LOUIS, MO.	ST. LOUIS, MO.	ST. LOUIS, MO.	

FEDERAL BUREAU OF INVESTIGATION

JAN 12 1948

FEDERAL BUREAU OF INVESTIGATION

INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

569

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00576

131

78

CERTIFICATE OF DEATH

Reg. Dist. No.

Items 13,14 FilmG192 2-21-56 et

1. PLACE OF DEATH

COUNTY Frederick
 CITY (If outside corporate limits, write RURAL
OR and give nearest town)
 TOWN Frederick
 HOSPITAL OR
INSTITUTION OR
STREET ADDRESS Frederick Memorial Hosp

MARYLAND

LENGTH OF STAY
(In this place)
27 days

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Carroll
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR.
 TOWN Middleburg
 STREET ADDRESS 06x-2

3. NAME OF
DECEASED
(Type or Print)AdaA.McKinney

(Last)

4. DATE
OF
DEATH

1

22

19 56

5. SEX

F6. COLOR OR
RACEW.7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

8. DATE OF BIRTH

Widowed

9. AGE last birthday

2/20/7283

yrs.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)None10b. KIND OF BUSINESS
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF WHAT
COUNTRY?USA

13. FATHER'S NAME

John Coleman

14. MOTHER'S MAIDEN NAME

Lucretia Eyler15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of service)No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X IMMEDIATE CAUSE

(A)

DUE TO

DISEASES OR CONDITIONS, IF ANY, (B)

GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO

(C)

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH3 wks.II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.Arteriosclerotic Heart Disease10 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
M. While at work Not while at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/26 1955 to 1/22 1956, that I last saw the deceased alive on 1/22 1956, and that death occurred at 1:30 A.M. from the causes and on the date stated above.

SIGNATURE

Henry V. Chase

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)Burial

DATE THEREOF

Jan. 24, 1956

NAME OF CEMETERY OR CREMATORI

Methodist

LOCATION (City, town, or county)

(State)

Middleburg, Md.

24. REC'D BY REGISTRAR

DATE Jan. 24/56

REGISTRAR'S SIGNATURE

Ethel M. Mehrtens C. O. Fuss Son

ADDRESS

Taneytown, Md.

25. FUNERAL DIRECTOR'S SIGNATURE

Ethel M. Mehrtens C. O. Fuss SonEthel M. Mehrtens C. O. Fuss Son

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00577

570

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Frederick

LENGTH OF STAY
(in this place)

Min.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

South Carroll Street

3. NAME OF
DECEASED:
(Type or Print)(First)
GEORGE(Middle)
LEWIS(Last)
MOBLEY

5. SEX:

Male

6. COLOR OR
RACE:
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):

Widower

8. DATE OF BIRTH:
January 16, 18789. AGE last birthday
78

yrs.

IF UNDER 1 YEAR
Months

Days

IF UNDER 24 HRS.
Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired)

Plumbing Contractor

10B. KIND OF BUSINESS
OR INDUSTRY:

Owner

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT
COUNTRY?

USA

13. FATHER'S NAME:

J. Clarence Mobley

14. MOTHER'S MAIDEN NAME:

Myra H. Likens

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

216-14-6395

17. INFORMANT & ADDRESS: 124 Clarke Place,
Miss G. Edwina Mobley, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

4201

IMMEDIATE CAUSE

(A)
DUE TOCoronary artery sclerosis with sudden
acute myocardial infarction

ANTECEDENT CAUSE (S)

(B)
DUE TODISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

While Not while
at work at work 22. I hereby certify that I attended the deceased from 2-2, 1953, to 1-31, 1957, that I last saw the deceased
alive on 1-30, 1956, and that death occurred at 1:15 P.M. from the causes and on the date stated above.
SIGNATURE

ADDRESS

DATE SIGNED

M. D. Frederick, Maryland

2/1/1956

23. BURIAL, CREMATION, DATE THEREOF
REMOVAL (SPECIFY)

Burial

DATE REC'D BY LOCAL
REGISTRAR

3 February 1956

NAME OF CEMETERY OR CREMATORIUM

Mount Olivet Cemetery

LOCATION (City, town, or county)
(State)

Frederick, Maryland

24. FUNERAL DIRECTOR

ADDRESS

M. R. Etchison & Son, Frederick, Maryland

BUREAU V. S.

FEB 3 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

601

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY	Frederick	MARYLAND
CITY OR TOWN	(If outside corporate limits, write RURAL and give nearest town) Braddock Heights	LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Jefferson Blvd.	

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE	Maryland	COUNTY	Frederick
CITY OR TOWN	(If outside corporate limits, write RURAL and give nearest town) Braddock Heights		
STREET ADDRESS	Jefferson Blvd.		

3. NAME OF
DECEASED:
(First) (Middle) (Last)

DECEASED: (Type or Print)	NINA	NULL	NICODEMUS
------------------------------	------	------	-----------

4. DATE (Month) (Day) (Year)
OF DEATH: January 5, 19565. SEX: 6. COLOR OR
RACE:
Female White7. SPOUSE, MARRIED,
WIDOWED, DIVORCED.
(Specify): Married8. DATE OF BIRTH:
November 19, 1893

9. AGE last birthday	62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
Yrs.		Hours	Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired) Housewife10B. KIND OF BUSINESS
OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA
---	-------------------------------------

13. FATHER'S NAME:

Joseph M. Null

14. MOTHER'S MAIDEN NAME:

Maggie Ecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Jefferson Blvd.,
Mr. H. Fulton Nicodemus, Braddock Hwights, Md.18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH420.1
IMMEDIATE CAUSE(A)
DUE TO

Acute Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH

Sudden

ANTECEDENT CAUSE (S)

(B)
DUE TO

Arteriosclerosis

6 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR? (County) (State)21D. TIME (Month) (Day) (Year)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from July 1, 1941, to Jan. 5, 1956, that I last saw the deceased alive on _____, 19_____, and that death occurred at 1200 M, from the causes and on the date stated above.

SIGNATURE

Lawrence J. Ecker

ADDRESS

DATE SIGNED

M. D. Frederick, Maryland Jan. 5, 1956

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)
BurialDATE THEREOF
Jan. 8, 1956NAME OF CEMETERY OR CREMATORIAL
LOCATION (City, town, or county) (State)
Mount Olivet Cemetery Frederick, MarylandDATE REC'D BY LOCAL
REGISTRARREGISTRAR'S SIGNATURE
Elizabeth B. Heek24. FUNERAL DIRECTOR
ADDRESS
M. R. Etchison & Son, Frederick, Maryland

RECEIVED
FEB 10 1952
U. S. BUREAU OF INVESTIGATION

00579

571

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH CITY OR give nearest town)		2. USUAL RESIDENCE (HOME) OF DECEASED CITY OR TOWN)	
COUNTY Frederick Maryland		STATE Md. Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 69 Fred. Memorial Hospital		LENGTH OF STAY (In this place) 13 hrs	
3. NAME OF DECEASED (Type or Print) Male Helen		(First) (Middle) (Last) CARMEN Palmer	
4. DATE OF DEATH January 15 1956		5. SEX Male	
6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Am. Farm	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY Md. 17	
13. FATHER'S NAME William Palmer		14. MOTHER'S MAIDEN NAME Mary Draper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT AND ADDRESS Mrs. LaPalme, Myersville		18. MEDICAL CERTIFICATION Gun Shot wound in brain Self inflicted	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976 X
Immediate cause

(a) Gun Shot wound in brain

INTERVAL BETWEEN
ONSET AND DEATH

14 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b) Self inflicted

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> OF CAUSE OF DEATH.		PLACE (Home, farm, factory, street, of office bldg., etc.) Injury farm (Brain)	(CITY OR TOWN) Near Myersville	(COUNTY) Frederick	(STATE) Md.
TIME (Month)	(Day)	(Year)	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/>	HOW DID INJURY OCCUR? Gun shot wound Self inflicted	
OF INJURY Jan. 15 1956	7:30 a.m.				

22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident suicide homicide undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION RITUAL (Specify)	DATE THEREOF Jan 16, 1956	NAME OF CEMETERY OR CREMATORIUM United Brethren	LOCATION (City, town, or county) Myersville	(State) Md.
DATE REC'D BY LOCAL REG. 17 Jan. 1956	REG. Elizabeth L. Heck	REG. Elizabeth L. Heck	24. FUNERAL DIRECTOR Paul J. Birth	ADDRESS Myersville Md.

BUREAU V. S.

JAN 18 1956

RECEIVED

00580

MARYLAND STATE DEPARTMENT OF HEALTH

672

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

131

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BUNDING

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Frederick MARYLAND		Maryland COUNTY carroll	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Rural Landers		TOWN Mt airy	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS RD #	
Glenmary Nursing Home		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Leonard	(Middle) M	(Last) Peairs
4. DATE OF DEATH	(Month) Jan	(Day) 29	(Year) 1956
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Male	white	M	June 5 1886
9. AGE last birthday yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
69	Teacher	Lawrence Kansas	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Chalmers Addison	Susan —?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		
17. INFORMANT AND ADDRESS	18. MEDICAL CERTIFICATION		
Mrs Dorothea Monk Frederick			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33 IX	Immediate cause	(a) Cerebral Hemorrhage RT cortex	INTERVAL BETWEEN ONSET AND DEATH 2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
(b) Cerebral Arterio Sclerosis			
(c) Generalized Arteriosclerosis			

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY		INJURY OCCURRED White at Not White m. Work At work	HOW DID INJURY OCCUR?		
TIME (Month) (Day) (Year)	(Hour)				

22. I hereby certify that I attended the deceased from April 23, 1955, to Jan 29, 1956, that I last saw the deceased alive on Jan 24, 1956, and that death occurred at 7 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
Burial	1/31/56	Elmwood	Upper Marlboro	Md
DATE REC'D BY LOCAL REG.	REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
30 Jan. 1956	Eliz. B. Heck	Howard K Brown	Martinsburg	W. Va.

FEDERAL BUREAU OF INVESTIGATION

FEB 1 1952

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

693

CERTIFICATE OF DEATH

Reg. Dist. No. 00581
00581

1. PLACE OF DEATH:

COUNTY **Frederick** MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town) LENGTH OF STAY
 TOWN **Rural - Mt. Airy** (in this place)
 HOSPITAL OR INSTITUTION OR STREET ADDRESS **Penn Shop Rd.**

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **Frederick**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 TOWN **Rural - Mt. Airy**
 STREET ADDRESS **Penn Shop Rd.**

3. NAME OF DECEASED: (First) **Martha** (Middle) **--** (Last) **Pheobus**
 (Type or Print)

4. DATE OF DEATH: (Month) **January** (Day) **13** (Year) **1956**

5. SEX: **Female** 6. COLOR OR RACE: **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) **Widowed** 8. DATE OF BIRTH: **Feb. 25, 1868** 9. AGE last birthday: **87** IF UNDER 1 YEAR **Months** **Days** IF UNDER 24 HRS. **Hours** **Min.**

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY: **Own Home** 11. BIRTHPLACE (State or foreign country): **Baltimore, Md.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME:

John R. Hiltz

14. MOTHER'S MAIDEN NAME:

Madgeline Locknour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

None**Mr. John A. Pheobus, Mt. Airy, Md.**Interval Between
Onset And Death

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause

(a) DUE TO **Acute Cardiac Condition**
 (b) DUE TO **Probably Coronary**
 (c)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes No

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE)
 SUICIDE OF office bldg., etc.)
 HOMICIDE INJURY

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED
 OF While at Not While
 INJURY m. Work At Work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 10, 1956** to **Jan. 13, 1956**, that I last saw the deceased alive on **Jan. 10, 1956**, and that death occurred at **5:30 P.M.** from the causes and on the date stated above.
 SIGNATURE **John Hiltz** (Degree or title) **Daughter** ADDRESS **224 W. Main St.** DATE SIGNED **1-13-56**

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)
 REMOVAL (Specify) **Burial** **Jan. 15, 1956** **Forest Oak** **Gaithersburg, Md.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
 REGISTRAR **Jan. 15, 1956** **Clarice A. Runkles** **Olin L. Molesworth, Damascus, Md.**

BUREAU U. S.

JAN 16 1958

RECEIVED

694

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cullen		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery County CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville STREET ADDRESS Route #5 (If rural give location) 15X-2	
3. NAME OF DECEASED: (First) Marion (Middle) J. (Last) Presley (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH: January 7, 1956	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married	8. DATE OF BIRTH: February 22, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night watchman		10B. KIND OF BUSINESS OR INDUSTRY: Night watchman	
13. FATHER'S NAME: Isaac Presley		14. MOTHER'S MAIDEN NAME: Jane Ray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?	
17. INFORMANT & ADDRESS: Deceased			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Pulmonary Tuberculosis DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While Not while at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 6, 1954, to Jan. 7, 1956, that I last saw the deceased alive on Jan. 7, 1956, and that death occurred at 8:45 p.m. M., from the causes and on the date stated above. SIGNATURE <i>Mayo</i> ADDRESS Cullen, Maryland DATE SIGNED January 9, 1956 M.D.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1-10-56 NAME OF CEMETERY OR CREMATORIUM Flower Hill LOCATION (City, town, or county) (State) Redland, Md.	
DATE REC'D BY LOCAL REGISTRAR 1/9/56		24. FUNERAL DIRECTOR ADDRESS Roy W. Barber, Laytonsville, Md.	
REGISTRAR'S SIGNATURE <i>Mayo</i>			

BUREAU V. S.

JAN 11 1956

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 131

ONE LINE **ANSWER** **HERE**
NAME: **JOHN SMITH** ADDRESS: **1234 FAIRFIELD DR.**
CITY: **FAIRFIELD** STATE: **OHIO** ZIP: **45226**

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1820 Rosemont Avenue		LENGTH OF STAY (in this place) 55 Years	
3. NAME OF DECEASED: (First) LEWIS (Middle) WILLIAM (Last) PUTMAN		4. DATE (Month) (Day) (Year) OF DEATH: January 1, 1956	
5. SEX: Male RACE: White		6. COLOR OR RACE: SHINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	
7. DATE OF BIRTH: July 31, 1871		8. DATE OF BIRTH: July 31, 1871	
9. AGE last birthday 84 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even Retired Farmer)		10B. KIND OF BUSINESS OR INDUSTRY: Owner	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John J. Putman		14. MOTHER'S MAIDEN NAME: Rebecca Shriner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Mrs. Della S. Putman, Frederick, Maryland		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 434.8 IMMEDIATE CAUSE (A) DUE TO Acute Atrial Fibrillation ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Mr. Charles D. Compston (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		19. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 19C. INTERVAL BETWEEN ONSET AND DEATH 4 hours 4 years	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from , 19....., to , 19....., that I last saw the deceased alive on , 19....., and that death occurred at 11:00PM, from the causes and on the date stated above. SIGNATURE <i>Lawrence J. Faherty</i> ADDRESS DATE SIGNED <i>1/5/1956</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		M. D. Frederick, Maryland DATE THEREOF LOCATION (City, town, or county) <i>Jan. 8, 1956</i> Mount Olivet Cemetery (State)	
DATE REC'D BY LOCAL REGISTRAR <i>Jan. 1956</i>		REGISTRAR'S SIGNATURE <i>Elizabeth J. Hebe</i> 24. FUNERAL DIRECTOR ADDRESS <i>M. R. Etchison & Son, Frederick, Maryland</i>	

BUREAU V. S.

JAN 10 1956

RECEIVED

INSTRUCTIONS

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00584

695

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH

COUNTY

Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)TOWN (If outside corporate limits, write RURAL
OR and give nearest town)HOSPITAL OR
INSTITUTION OR

STREET ADDRESS

LENGTH OF STAY
(in this place)

35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE

COUNTY

Maryland (If outside corporate limits, write RURAL and give nearest town)

CITY
OR

TOWN

Waltersville

STREET
ADDRESS

(If rural give location)

Route 1

3. NAME OF
DECEASED
(Type or Print)

(First)

(Middle)

(Last)

Edith Alvenia Reddick

4. SEX

F

5. COLOR OR
RACE

W

6. 7. SINGLE, MARRIED,
WIDOWED, DIVORCED;
(Specify)

8. DATE OF BIRTH

Widow

July 7, 1879

9. AGE last birthday

76

yrs.

10. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)

Housewife

10b. KIND OF BUSINESS
OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Kingsdale, Pa.

12. CITIZEN OF WHAT
COUNTRY?

USA

13. FATHER'S NAME

Pius Staley

14. MOTHER'S MAIDEN NAME

Mary C. Stary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unk.)

16. SOCIAL SECURITY NO.

110

17. INFORMANT & ADDRESS

mrs. Marke

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

20. AUTOPSY?

YES NO

21. IMMEDIATE CAUSE

22. ANTECEDENT CAUSE(S)

23. DISEASES OR CONDITIONS, IF ANY,

24. GIVING RISE TO THE ABOVE CAUSE

25. STATING UNDERLYING CAUSE LAST.

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BUREAU V. S.

FEB 2 1956

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CERTIFICATE OF DEATH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Brunswick		STATE Maryland COUNTY Frederi CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 501 Walnut		STREET ADDRESS (If rural give location) 501 Walnut	
3. NAME OF DECEASED: (First) James (Middle) Morgan (Last) Rice		4. DATE OF DEATH: 1-29-56	
5. SEX: Male 6. COLOR OR PAGE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	
8. DATE OF BIRTH: 5-12-1885		9. AGE last birthday: 70 IF UNDER 1 YEAR yrs. Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, Retired Brakeman		10b. KIND OF BUSINESS OR INDUSTRY: B.R.R.R.R. Co	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Morgan S. Rice		14. MOTHER'S MAIDEN NAME: Margaret Gorsage	
15. WAS DECEASED EVER IN U.S. ARMEED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO.: 705-10-4185 17. INFORMANT & ADDRESS: Mrs. May Rice, Brunswick, Maryland	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause (a) DUE TO <i>Lower back pain</i> Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause (b) DUE TO <i>Congestive heart failure</i> stating the underlying cause last. (c) <i>4 yrs</i>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1852, to 1-29-56, that I last saw the deceased alive on 1-29-56, and that death occurred at 9:00 A.M. from the causes and on the date stated above. SIGNATURE <i>[Signature]</i> ADDRESS <i>[Signature]</i> DATE SIGNED <i>[Signature]</i> 1-30-56			
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) Burial I-31-56		NAME OF CEMETERY OR CREMATORIUM Reformed LOCATION (City, town or county) (State) Jefferson, Maryland	
DATE REC'D BY LOCAL REGISTRAR Jan 30-56		REGISTRAR'S SIGNATURE <i>[Signature]</i> 24. FUNERAL DIRECTOR ADDRESS C.H. Feete and Bro. Brunswick, Md	

BUREAU V. S.

FEB 3 1956

RECEIVED

606

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)TOWN Rural, Woodsboro

4 years

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MDCOUNTY FREDERICK

CITY (If outside corporate limits, write RURAL and give nearest town)

OR

TOWN

Woodsboro

(If rural give location)

STREET
ADDRESS3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

BRADLEY TAYLOR RIPPEN4. DATE (Month)
OF
DEATH:

Jan. 28 1956

5. SEX:

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BUREAU V. S.

FEb 1 1956

RECEIVED

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CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Cullen

LENGTH OF STAY
(in this place)

1606 days

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Victor Cullen State Hospital

04

3. NAME OF
DECEASED:
(Type or Print)(First)
Elsie(Middle)
M(Last)
Schlesinger5. SEX:
Female6. COLOR OR
RACE:
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):

Widow

8. DATE OF BIRTH:
Apr. 5, 18949. AGE last birthday
61

yrs.

months

days

hours

min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

Housekeeper

10B. KIND OF BUSINESS
OR INDUSTRY:

Housekeeper

11. BIRTHPLACE (State or foreign country):
Middletown, Pa.12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME:

Mathias Livingston

14. MOTHER'S MAIDEN NAME:

Ida Cain

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS:

Deceased.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

IMMEDIATE CAUSE

(A)
DUE TO

Pulmonary Tuberculosis

INTERVAL BETWEEN
ONSET AND DEATH

23 years.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(B)
DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES

NO

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 5, 1951, to Jan. 12, 1956, that I last saw the deceased
alive on Jan. 12, 1956, and that death occurred at 2:00 M. from the causes and on the date stated above.
a.m. ADDRESS DATE SIGNED

Signature

M. D. Cullen, Maryland January 12, 1956

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL
REGISTRAR

1/12/56

REGISTRAR'S SIGNATURE

Signature

24. FUNERAL DIRECTOR

ADDRESS

W. W. Chambers Co., Riverdale, Md.

BUREAU U. S.

RECEIVED
JAN 16 1968

573

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town) LENGTH OF STAY
 TOWN Frederick (in this place) Lifetime
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS 11 West 13th Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN Frederick
 STREET ADDRESS (If rural give location)
 11 West 13th Street

3. NAME OF
 DECEASED:
 (First)
 (Type or Print)

ANNIE (Middle)
 CATHERINE (Last)

SHEARER

4. DATE
 OF
 DEATH: January 5 1956

5. SEX:

S. COLOR OR
 RACE: White7. SINGLE, MARRIED,
 WIDOWED, DIVORCED.
 (Specify): Widowed8. DATE OF BIRTH:
 March 30, 18729. AGE last birthday: IF UNDER 1 YEAR
 yrs. Months Days Hours Min.10a. USUAL OCCUPATION. Give kind of
 work done during most of working life,
 even if retired): Housewife10b. KIND OF BUSINESS OR
 INDUSTRY: Own Home

II. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT
 COUNTRY? USA

13. FATHER'S NAME:

John Falk

14. MOTHER'S MAIDEN NAME:

Catherine Aubel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
 (Yes, no, or unk.) (If Yes, give war or dates of
 service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: (Daughter)
 Mrs. Ernest W. Reeder - Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.1
 Immediate cause(a) ... Coronary Occlusion ...
 DUE TO ... Intervall Between
 Onset And DeathAntecedent causes (s)
 Diseases or conditions, if any,
 giving rise to the above cause
 stating the underlying cause last(b) ... Arterio Sclerosis ...
 DUE TO ... Five years +(c) ... Aortic Sclerosis ...
 DUE TO ...

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
 related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
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TIME (Month)	(Dy)	(Year)	(Hour)	INJURY OCCURRED White at m. Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?
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19c. DATE OF INJURY

19d. DATE OF DEATH

19e. DATE OF AUTOPSY

19f. DATE OF BURIAL

19g. DATE OF CREMATION

19h. DATE OF REMOVAL

19i. DATE OF CEMETERY OR CREMATORIAL

19j. LOCATION (City, town, or county)

19k. DATE OF BURIAL

19l. DATE OF CEMETERY OR CREMATORIAL

19m. LOCATION (City, town, or county)

19n. DATE OF BURIAL

19o. DATE OF CEMETERY OR CREMATORIAL

19p. LOCATION (City, town, or county)

19q. DATE OF BURIAL

19r. DATE OF CEMETERY OR CREMATORIAL

19s. LOCATION (City, town, or county)

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19u. DATE OF CEMETERY OR CREMATORIAL

19v. LOCATION (City, town, or county)

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19y. LOCATION (City, town, or county)

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BUREAU V. S

JAN 9 1966

RECEIVED

574 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place) Years	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Frederick (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		69 Frederick Memorial Hospital	
3. NAME OF DECEASED: (Type or Print)		(First) CHARLES	(Middle) HENRY
4. DATE (Month) OF DEATH:		(Last) SMITH	(Year) January 22, 1956
5. SEX: Male	6. COLOR OR RACE: Ulored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Unknown
9. AGE last birthday yrs.		10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10B. KIND OF BUSINESS OR INDUSTRY: General	11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: Thomas J. Smith		14. MOTHER'S MAIDEN NAME: Martha E. Goines	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS: 423 Klineharts Alley, Miss Edna Smith, Frederick, Maryland			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 539.1 IMMEDIATE CAUSE DUE TO <i>Esophageal ulcer with perforation</i> 1/20 ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) <i>Sensitivity</i> (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
M.			
22. I hereby certify that I attended the deceased from 12-15, 1956, to 1-15, 1956, that I last saw the deceased alive on 1-15, 1956, and that death occurred at 5:50PM, from the causes and on the date stated above. SIGNATURE <i>B. R. Martin</i> ADDRESS Frederick, Maryland DATE SIGNED 1/24/1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State) Jan. 25, 1956 Fairview Cemetery Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR REGISTRAR 55 Jan. 1956		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland	

BUREAU V. E

JAN 26 1956

RECEIVED

573

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Frederick

LENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED:
(Type or Print)

(First) Victor

(Middle) T.

(Last) Smith

5. SEX:

male

6. COLOR OR
RACE:

white

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

farm owner, ret.

10B. KIND OF BUSINESS
OR INDUSTRY:

farm

13. FATHER'S NAME:

George Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

no

16. SOCIAL SECURITY NO.

none

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

(A)
DUE TO

Coronary occlusion

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(B)
DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN
ONSET AND DEATH

Neonatal

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

While Not while
at work at work

22. I hereby certify that I attended the deceased from , 19....., to 1/26, 1956, that I last saw the deceased

alive on , 19....., and that death occurred at 6:45 PM, from the causes and on the date stated above.
SIGNATURE

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county) (State)

Burial

1-29-1956

St. B Cemetery

Mayesville, Md.

DATE REC'D BY LOCAL
REGISTRAR

1-28-1956

REGISTRAR'S SIGNATURE

Elizabeth B. Heck

24. FUNERAL DIRECTOR

ADDRESS

Gladhill Co., Middletown, Md.

BUREAU V. S.

FEB 1 1956

RECEIVED

698

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)TOWN Rural MiddletownLENGTH OF STAY
in this placelifeHOSPITAL OR
INSTITUTION OR
STREET ADDRESS00

BUREAU V. S.

FEB 3 1956

RECEIVED

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00591

576

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Frederick	MARYLAND LENGTH OF STAY (in this place) Years	STATE Maryland COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 West South Street		308 West South Street	
3. NAME OF DECEASED (Type or Print) MARSHALL HENRY		4. DATE (Month) (Day) (Year) DEATH January 10, 1956	
5. SEX Male	6. COLOR OR RACE White	7. SINGLED, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH February 5, 1890
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Barber		10b. KIND OF BUSINESS OR INDUSTRY Same	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME W. Emory Stockman		14. MOTHER'S MAIDEN NAME Annie Wisner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS 308 West South Street, Mrs. May S. Stockman, Frederick, Maryland		18. MEDICAL CERTIFICATION IMMEDIATE CAUSE (A) <i>Pulmonary Edema</i> ANTECEDENT CAUSE(S) DUE TO (B) <i>Aortic Stenosis</i> DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>421.1</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>2705+</i>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, lerm, lectory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21e. INJURY OCCURRED M. <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 1952</i> , to <i>Jan. 10, 1956</i> , that I last saw the deceased alive on <i>July 9, 1956</i> , and that death occurred at <i>4:30 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>B. Thomas</i> M.D. ADDRESS (Street, city, town, state) <i>Frederick, Maryland</i> DATE SIGNED <i>1/10/1956</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 13, 1956	
24. REC'D BY REGISTRAR DATE <i>11 Jan. 1956</i>		REGISTRAR'S SIGNATURE <i>Elizabeth G. Heeb.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

BEREA V. S.

12-156 JAN

REFEVIEW

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

577 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00593
Item 9, FilmGl92 2-1-56 et

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND		STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick		Length of Stay (in this place) 3 Days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital		STREET ADDRESS Walkersville (If rural give location) X	
3. NAME OF DECEASED: (Type or Print)	(First) ROXIE	(Middle) IRENE	(Last) STUP
4. DATE (Month) OF DEATH:	(Day) January 24,	(Year) 1956	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, WIDOWED, DIVORCED. (Specify): Married	8. DATE OF BIRTH: May 21, 1893
9. AGE last birthday 67	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	11. KIND OF BUSINESS OR INDUSTRY: Home	12. BIRTHPLACE (State or foreign country): Maryland
13. FATHER'S NAME: Eugene A. Wachter	14. MOTHER'S MAIDEN NAME: Addie Green		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO. None		
17. INFORMANT & ADDRESS: Mr. Charles D. Stup, Walkersville, Maryland			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
757.1 IMMEDIATE CAUSE Uremia ANTECEDENT CAUSE (S) Poly cystic kidneys			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
DUE TO (A) Uremia (B) Poly cystic kidneys (C)			
INTERVAL BETWEEN ONSET AND DEATH days life			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	
21C. WHERE DID INJURY OCCUR?		(City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/22, 1956, to 1/24, 1956, that I last saw the deceased alive on 1/24, 1956, and that death occurred at 9:55 A.M., from the causes and on the date stated above. SIGNATURE <i>James B. Thomas</i> ADDRESS DATE SIGNED 1/26/1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 27, 1956	NAME OF CEMETERY OR CREMATORIUM Frederick Memorial Park
DATE REC'D BY LOCAL REGISTRAR 26 Jan. 1956		LOCATION (City, town, or county) Frederick, Maryland	
REGISTRAR'S SIGNATURE <i>Elizabeth S. Heck</i>		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland	

BUREAU V. S

JAN 30 1955

RECEIVED

1219

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00594

Reg. Dist. No. 3 ..

PRINTED IN U.S.A. PLEASE WRITE FLATLY WITH UNPAID INK. Supply every item of information carefully. Is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

JAN 22 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. After this bottom copy may be returned by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

578

00595

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY FREDERICK CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN FREDERICK HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSP.		MARYLAND LENGTH OF STAY (in this place) 18 days STATE MD. COUNTY FREDERICK CITY (If outside corporate limits, write RURAL and give nearest town) TOWN FREDERICK STREET ADDRESS (If rural give location) 36 E. SECOND ST.	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
DWIGHT (First) (Middle) (Last)		1 10 1956	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S	8. DATE OF BIRTH 12-23-55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JOSEPH FLOYD URNER		14. MOTHER'S MAIDEN NAME PATRICIA MAC AEE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS Mother - birth certificate	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 756.2 IMMEDIATE CAUSE (A) MECONIUM PERITONITIS ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO (C) INTESTINAL ATRESIA II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH ?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, term, leictory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) 220 N. Market St (County) Frederick (State) Md.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-23 , 19 55 , to 1-10 , 19 56 , that I last saw the deceased alive on 1-10 , 19 56 , and that death occurred at 5:10 P.M. from the causes and on the date stated above.			
SIGNATURE Dwight F. Frederick Jr. ADDRESS (Street, city, town, state) 220 N. Market St DATE SIGNED 1-10-56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/11/56 NAME OF CEMETERY OR CREMATORIUM Mt. Olivet LOCATION (City, town, or county) Frederick Md. (State)	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE Elizabeth S. Hub. 25. FUNERAL DIRECTOR'S SIGNATURE H. E. Gandy Co. ADDRESS Frederick Md.	
DATE 11 Jan 1956		2069281394	

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BUREAU V. S.

JAN 12 1965

REGELV ED

Two T. S. John 111 miles
23 ft. east of bridge 11. 11

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10/M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

581

00596

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
CITY OR TOWN		MARYLAND	STATE CITY OR TOWN		COUNTY Maryland Frederick
35 Brunswick		LENGTH OF STAY (In this place) 4 yrs.	35 Brunswick		(If outside corporate limits, write RURAL and give nearest town) 1 519 Brunswick St.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 519 Brunswick Street			STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED (Type or Print) JOHN NEWTON WATERS			4. DATE OF DEATH January 11, 1956		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH Nov. 14, 1860	9. AGE last birthday 95 yrs.	IF UNDER 1 YEAR 1 Months 28 Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Ret.)			10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming \$hepherdstown, West Va.		
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME John Waters		
14. MOTHER'S MAIDEN NAME Katherine Overton			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) No		
16. SOCIAL SECURITY NO. None			17. INFORMANT & ADDRESS Mrs. John Moore 519 Brunswick St., Brunswick, Md.		
18. MEDICAL CERTIFICATION 331X IMMEDIATE CAUSE (A) <i>Cerebral Hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH 40 days		
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		
20c. WHERE DID INJURY OCCUR? (City or town) (County)			(State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. HOW DID INJURY OCCUR? M. While Not while at work <input type="checkbox"/> at work <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from 1/12/56, 1956, to 1/11, 1956, that I last saw the deceased alive on 1/6, 1956, and that death occurred at 6:45A.M., from the causes and on the date stated above.			ADDRESS (Street, city, town, state) DATE SIGNED M.D. <i>Louisa Miller Va.</i> 1/11/56		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			DATE THEREOF 1/13/56 NAME OF CEMETERY OR CREMATORIUM Samples Manor Cemetery Samples Manor, Md.		
24. REC'D BY REGISTRAR DATE 1-12-56			LOCATION (City, town, or county) (State) REGISTRAR'S SIGNATURE Eugenia H. Bushell & Donald E. Eckley Harpers Ferry, W.Va.		
25. FUNERAL DIRECTOR'S SIGNATURE			ADDRESS		

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110-4157 10 11 N
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00597

629

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: Cullen

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)

TOWN Cullen

407 days

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

04 Victor Cullen State Hospital

3. NAME OF
DECEASED:
(Type or Print)(First)
Agnes(Middle)
Josephine(Last)
Watson4. SEX:
F6. COLOR OR
RACE:
White

(Specify):

7. MANNER OF DEATH:
Widow8. DATE OF BIRTH:
9/19/18759. AGE last birthday
80 yrs.IF UNDER 1 YEAR
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired): Housework10B. KIND OF BUSINESS
OR INDUSTRY:
Housewife11. BIRTHPLACE (State or foreign country):
Maryland12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME:

Patrick Maguire

14. MOTHER'S MAIDEN NAME:

Elizabeth Daly

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS:

Agnes J. Watson, 5103-43rd. Ave.,
Hyattsville, Maryland.INTERVAL BETWEEN
ONSET AND DEATH

19 months

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

IMMEDIATE CAUSE

(A)
DUE TO

Pulmonary tuberculosis

ANTECEDENT CAUSE (S)

(B)
DUE TODISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from 12/9/54, 19....., to 1/20/....., 1956, that I last saw the deceased
alive on 1/20/....., 1956, and that death occurred at 1:15 A.M., from the causes and on the date stated above.
SIGNATURE *J. B. Lyon* ADDRESS DATE SIGNED
M. D. Cullen, Maryland 1/21/5623. BURIAL, CREMATION,
REMOVAL (SPECIFY)
Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county) (State)

1-23-56

Mt. Olivet

Washington, D. C.

DATE REC'D BY LOCAL
REGISTRAR 1/21/56

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

F. Gasch's Sons, Hyattsville, Md.

BUREAU V. S.

JAN 22 1956

RECEIVED

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

00598

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CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

I. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick	
LENGTH OF STAY (In this place) Min.		STREET ADDRESS 116 West Church Street	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Enroute To Hospital			
3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) DAVID	(Last) WHITE
4. DATE OF DEATH January 6, 1956	(Month)	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Sept. 10, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handyman	10b. KIND OF BUSINESS OR INDUSTRY Poultry Co.	9. AGE last birthday 72 yrs.	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME James White	14. MOTHER'S MAIDEN NAME Ellen Crum	12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 214-10-1293	17. INFORMANT AND ADDRESS Mrs. Ellen L. White, Frederick, Md.	18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause (a) <i>Paroxysmal Tremor</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)			<i>Arthus Salersis</i> <i>Unknown</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office, bldg., etc.) INJURY <i>Concussion</i>	(CITY OR TOWN) <i>Frederick</i>	(COUNTY) <i>Frederick</i> (STATE) <i>Md</i>
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> SIGNATURE <i>B. Thomas, M.D.</i> (Degree or title) ADDRESS <i>Dep. Med. Exam., Frederick, Maryland</i> DATE SIGNED <i>1/7/1956</i>			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Jan. 9, 1956	NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG.	REG.	REG.	24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland
REG.	REG.	REG.	

BUREAU V. S.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

610 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00599

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick-Rural-R.D.#4		STATE Maryland COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural-R.D.#4 (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS oo		STREET ADDRESS	
3. NAME OF DECEASED: (Type or Print)		(First) (Middle) (Last)	
CHARLES EUGENE WILES		4. DATE (Month) (Day) (Year) OF DEATH: January 23, 1956	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLED. MARRIED. WIDOWED, DIVORCED. (Specify): Married	8. DATE OF BIRTH: September 20, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer and Carpenter		10B. KIND OF BUSINESS OR INDUSTRY:	
13. FATHER'S NAME: Frederick E. Wiles		11. BIRTHPLACE (State or foreign country): Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. No 579-07-8988		14. MOTHER'S MAIDEN NAME: Susan F. Corun	
17. INFORMANT & ADDRESS: Leslie E. Wiles, Frederick, R.F.D.#4, Md.			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
332X IMMEDIATE CAUSE Cerebral Thrombosis 6-2055			
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(A) DUE TO Cerebral Thrombosis 6-2055			
(B) DUE TO Advanced & generalized Arteriosclerosis 6-2055			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mycarditis 8-405			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
M.		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/23, 1956, to 1/23, 1956, that I last saw the deceased alive on 1/22, 1956, and that death occurred at 5:20A M, from the causes and on the date stated above. SIGNATURE: C. Leibel & Sonne M. D. Jefferson, Maryland DATE SIGNED 1/24/1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 25, 1956 b. NAME OF CEMETERY OR CREMATORIUM St. Luke's Cemetery	
LOCATION (City, town, or county) (State)		Feagaville, Maryland	
DATE REC'D BY LOCAL REGISTRAR 25-Jan-1956		24. FUNERAL DIRECTOR ADDRESS Elizabeth S. Heck M. R. Etchison & Son, Frederick, Maryland	

BUREAU V. S.

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